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THREE HUNDRED YEARS OF PSYCHIATRY

Three Hundred Years of PSYCHIATRY 1535-1860

A HISTORY PRESENTED IN SELECTED ENGLISH TEXTS

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PREFACE

This book owes its inception to the fact that as practising psychiatrists we were confronted not to say confounded by the many conflicting approaches and schools existing side by side in disharmony and sometimes, more surprisingly, in harmony. Despite all that is said and written psychiatry does not possess a body of exact and established knowledge on which all can agree comparable with medicine. Rather it consists of attitudes, concepts, theories and therapies from which each doctor selects what accords best with his predilections, so that one is tempted to say there is not one body of psychiatry but many psychiatrists. Perhaps the basic difficulty and what makes psychiatry so complex is that it belongs both to the natural sciences and the humanities: to define the proportion and sphere of each – a major issue between psychiatrists – remains for the future to determine. It is concerned much less than general medicine with disease entities and processes, but rather with patients and people. Accordingly it is much more exposed to subjective factors and only partially amenable to quantitative measure and the methodology of exact science. Case-taking for instance, which provides psychiatry's basic data, is inseparable from observer influence and error. There is not even an objective method of describing or communicating clinical findings without subjective interpretation and no exact and uniform terminology which conveys precisely the same to all. In consequence there is wide divergence of diagnosis, even of diagnoses, a steady flow of new terms and an ever-changing nomenclature, as well as a surfeit of hypotheses which tend to be presented as fact. Furthermore, etiology remains speculative, pathogenesis largely obscure, classification predominantly symptomatic and hence arbitrary and possibly ephemeral; physical treatments are empirical and subject to fashion, and psychotherapies still only in their infancy and doctrinaire.

As it seemed impossible to separate what is established from what is supposititious, fact from fad, by merely contemplating the complexities of the present, we turned to history on the sound adage that the history of a science is the science itself, hoping to get the present in perspective by tracing the problems of the past and how modern views and trends developed.

However, we were surprised to find how little groundwork had been done and how few studies of original material made. Such histories as exist – and they can be counted on the fingers of one hand – either limit their scope for instance to legislative or social aspects, or ambitiously cover the

whole field in time and space and so perforce theorize, philosophize and generalize to the neglect of studying factually the growth of clinical experience and observations of which psychiatry is composed. An unrealistic picture is thereby created, if only because of the disparity which has always existed between psychiatric theory and practice and which becomes immediately obvious even today by comparing academic discourses on mind and brain with the workaday methods of treating patients. Furthermore, the lack of preliminary studies and the difficulties of access to the older material – much of which has remained uncharted – has led authors to depend on secondary sources with all the pitfalls of repetitive error, inaccuracy, false emphasis and misinterpretation which reliance on 'quotes from quotes' notoriously entails. Lack of appreciation of the past also tends to foster overvaluation of modern achievements and the assumption, so stultifying to progress, that what is present is good and what is bad past – as if psychiatry proper began in the twentieth century and what came before were of academic or antiquarian interest only.

Thus we became aware of a need to go back and explore sources afresh, not only medical but also in other fields with a bearing on psychiatry: the writings of divines, philosophers, philanthropists, lawyers, men of letters, even self-accounts of patients, as well as parliamentary acts and reports documenting society's interest in and care of the insane. To avoid the limited view of the printed medical book with its tendency to formalize and idealize, we extended our quest to unpublished manuscripts, records and letters to find out how and by whom psychiatry was actually practised before it was compressed into this term.

In the course of our studies we came to realize that just as psychiatry as a subject has features distinguishing it from general medicine so also its history differs in many ways. The history of medicine is a continuous record of the growing understanding of diseases, the scientific treatment of their causes, their prevention, and the exploration of ever new dimensions by techniques evolved by the basic sciences. This allows the medical historian to survey the past from the safe pinnacle of new insights, solid achievements and established facts. But psychiatry benefited from these advances only in modest degree. Its history has few comparable landmarks and the advances it records were more humanitarian than scientific, and it has perhaps attracted so few students for lack of that incentive and confidence which major breakthroughs give to historical enquiry. Anatomical, physiological and biochemical discoveries which changed the face of medicine made possible more precise definition of systemic and neurological disease accompanied by mental symptoms, but left untouched the largest group of mental patients for whom the basic method of investigation remains what a doctor's mind can make of a patient's mind – and this must remain so even if the time comes when mental processes can be studied against their physico-chemical background.

Therefore rather than a chronicle of feats, facts and discoveries, the

history of psychiatry presents a record of perennial problems, recurrent ideas, disputes and treatments, trailing in the wake of medicine and exhibiting paradoxically – as medicine did of old – a mixture of as many false facts as false theories. How far psychiatry is still behind medicine is shown not only by the survival of therapeutic principles long since discarded from the parent science as for instance treatment by shock, but also by the persistence of schools of psychiatry, not to mention psychology or psychotherapy, the like of which vanished from the medical scene one hundred years ago with the scientific developments of the nineteenth century. This is why the historical study of psychiatry, again unlike that of medicine, is inseparable from that appreciation of its current problems and uncertainties which only the practical pursuit of it can give. Moreover, psychiatric theory and practice have throughout been influenced in much greater measure by social, humanitarian, economic and theological pressures, by legislative interference and control designed to protect the insane deprived of their liberty and rights, and by legal definitions of insanity bound up with questions of civil and criminal responsibility. Finally, the crucial problem of what constitutes insanity and where to draw the line dividing it from sane mind has beset psychiatry at all times, whereas the analogous question where disease starts and health ends hardly affected the course of medicine.

Yet for much of its history the practice of psychiatry was on a par with medicine and physicians physicked the mentally ill as they did their other patients. It became a specialty ultimately through the demands of its peculiar circumstances and established as ' psychological medicine' in recognition of the importance of the mind. This historic advance led to a loosening of its ties with medicine: physicians lost contact with the subject and with the insane now housed in asylums, and asylum medical officers – the early psychiatrists – had to contend with novel problems of their own. The drive today for their re-integration is a necessary corrective of this unfortunate alienation so long as it does not mean putting the clock back and once again summarily equating mind disease with brain disease and so denying the heterogeneous group of illnesses and conditions which make up psychiatry their distinctive features and the special skills and methods they demand – the hard learned lesson of the past.

There can as yet be no definitive history of the subject since psychiatry is still too little differentiated from its past, and accordingly each age must interpret it from its own vantage point and temper and in relation to the contemporary medical scene. But just as it is the historical and biographical method which the psychiatrist adopts when faced with the problem of the individual patient, so the historical approach may be expected to throw light on the wider problems of psychiatry by laying bare their roots.

This book then is not a systematic treatise but an endeavour to present original sources and through them trace clinical and pathological observations, nosologies, theories and therapies, and the care of the insane as

well as social and legal attitudes to mental illness. Although comprehensive it cannot presume by the very nature of the subject to be exhaustive. It is therefore not a bibliography but illustrates and signposts the variety and range of discoverable material. It is intended to serve the dual purpose of a sourcebook of psychiatric history aiming at biographical and bibliographical accuracy, and a contribution to clinical psychiatry by providing a record of its problems and growth.

To do anything like justice to so boundless a field we confined ourselves to English sources but included also American and translations of foreign books which played their part in shaping psychiatric thought. We limited our period to about three hundred years spanning four centuries and start with the 1535 edition of Bartholomew the Englishman's encyclopedia of medieval learning to set the scene on which sixteenth century authors enter. We end with the decade 1850-60 when the foundations of modern psychiatry were laid and its scope was extending beyond the care of the insane, when 'psychological medicine' had become an acknowledged specialty and the main lines of modern research were at least indicated; when neurology had split off also as a specialty with a hospital of its own at Queen Square; when the comprehensive Lunacy Legislation of 1853 had put a period to the past by consolidating the many advances in the provision for and protection of the insane; when the Medical Act of 1858 had ousted quacks from treatment; when psychiatry had acquired its own periodical literature, its first modern textbook, and become international; the decade also in which Kraepelin, Bleuler and Freud were born who were to shape its future.

Our feelings when we contemplate the result of our labours in the light of years of preparation resemble those of Sir Kenelm Digby when in 1644 he sent abroad his *Two treatises. In the one of which, the nature of bodies; in the other, the nature of mans soule; is looked into:*

> In every art, the plainest that is, there is an apprentiship necessary, before it can be expected one should worke in it a fashionable piece. The first attemptes are alwayes very imperfect ayminges . . . Much more will the same happen in so difficult and spiny an affaire, as the writing upon such a nice and copious subject as this is . . . For besides what faylinges may be in the matter, I can not doubt that even in the expressions of it, there must often be great obscurity and shortnesse; which I, who have my thoughts filled with the thinges themselves, am not aware of. So that, what peradventure may seeme very full to me, because every imperfect touch bringeth into my minde the entire notion and whole chaine of circumstances belonging to that thing I have so often beaten upon; may appeare very crude and maymed to a stranger, that can not guesse what I would be att, otherwise then as my direct wordes do leade him.

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I.M.
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We also thank K. J. Franklin for permission to quote from his translation of Richard Lower's *De corde*, 1669 (*Early science in Oxford*, vol. 9, 1932) and the late Charles Singer and the Oxford University Press for permission to quote from his translation of *Vesalius on the human brain*, 1953.

EXPLANATORY NOTES ON THE TEXT

The book is built up on extracts from original sources arranged chronologically. In the case of books first editions have been used except when pertinent material appeared in a later edition. Where extracts from two or more works by one author are given, they are grouped under the date of the major one (with the exception of John Conolly whose quoted works are too far apart in time and content). Posthumous publications are placed in the year of the author's death or at the relevant time. Reasons for deviations are indicated where they occur unless they are obvious as when occasionally subjects are grouped together.

Extracts are introduced by explanatory notes discussing the topic historically and clinically and relating it to later developments. These are short in the earlier centuries since extracts deal with sporadic observations or isolated ideas by authors often non-medical. Later as psychiatry grew into a specialty and distinct trends and approaches crystallized out, when new problems arose and opposing schools developed within the profession, our comments are more extensive, and in the case of authors who were specialists in the field we note their other psychiatric writings. Important themes and movements such as the development of legislation, the mind and brain controversy, mesmerism, phrenology and non-restraint, have been treated at length.

While each extract tells its own story, our comments form a mosaic which link them together. To avoid repetition especially of biographical data we use cross references freely: the style we adopted in most cases was to insert in brackets after the author's name the year in which his main entry will be found in the book, or author and year in the case of subjects discussed elsewhere.

Each extract is headed by the author's name, dates of birth and death, qualifications and main offices. In only two instances was it impossible to trace the place of graduation: Fallowes (1705), a quack whose MD was presumably self-styled, and Wigan (1844), a regular practitioner who qualified at an unidentified Continental university. It was not our purpose to provide brief biographical sketches but merely to convey the author's status and the background from which he wrote. Again rather more biographical material is given for the physicians, surgeons and madhouse keepers who specialized in insanity from the eighteenth century on, because many are obscure figures with no entries in biographical dictionaries or histories of medicine. To find details of their lives and work often required original biographical research among manuscript records such as wills, parish registers and later death certificates, as well as bibliographical research to unravel mysteries of authorship, dates of publication, identification of different issues and editions of the same book appearing under different titles, and so on. We have not specified the multitude of sources consulted since this would have greatly increased the bulk of the book without adding commensurately to its usefulness. Neither have we referred to modern studies of special topics by other authors or ourselves, the findings of which are incorporated in our notes.

Titles of books are italicized and so much of subtitles given as to indicate their scope and purpose (the impossibility of giving full titles in all cases will be apparent from the crowded title-pages illustrated in Figures 11 and 62). To overcome the difficulty presented by capitalization in titles we adopted the style of capitalizing only the initial letter and where grammar demands it as after a full stop or for a proper name. Main titles in Greek have been omitted (Bayfield 1663, Smith 1666, Fallowes 1705) and the English subtitles only given. The year of publication, or in the case of manuscripts the date of writing, follows the title. The main place of publication only is stated, followed by the publishers; where their names exceed two *et al.* is substituted after the first. (For books mentioned *pari passu* in our commentaries the publisher is not usually given, and unless otherwise stated the place of publication was London.) In the case of books exclusively psychiatric the total pagination is added in brackets to convey the extent of their contribution and their editions noted as well as in some instances American editions and translations. Page (or folio) numbers of the passages quoted are given connected by a hyphen where a subject is extracted from several proximate pages; by a comma where these are more widely spaced; and by a semicolon where the subject matter changes.

All quoted material is presented in original spelling (with the exception of substituting the commencing u for v and the median v for u, and j for i according to modern usage, and the occasional translation of a Greek word), because although this may cause the reader some hesitation in sixteenth and seventeenth century texts, it conveys contemporary atmosphere more directly and attractively. However, capitalization of whole words and italicizing of whole passages which is a feature of some earlier texts has not been retained, since it distracts without adding to emphasis. Omissions from original texts are indicated by the insertion of three points except where an extract ends at the end of a paragraph and the following quotation deals with a different topic and is separated in the original by a heading; where an extract commences in the middle of a sentence the initial letter has been capitalized. To save space original paragraphs have not necessarily been adhered to, nor have shoulder headings and footnotes been reproduced except where they amplify the text when they have been inserted in brackets in the appropriate place.

The bulk of the material is presented in this form. Some books, letters and other documents which did not lend themselves to this form of presentation, appear as illustrations most of them with headings and notes, and are entered in the table of contents to differentiate them from figures illustrating the text.

In the choice of what to illustrate we were guided by the wish to bring the original texts alive and this we felt was better achieved by title-pages, the portraits of books, than by portraits of authors, since they give at once a more telling picture of the subject and its period and sometimes a better image even of the writer himself. They provide incidentally also a glimpse of the development of the printed book through four centuries within the framework of one subject. Unfortunately in the making of the book it was impossible to reduce them uniformly.

For convenience the book has been divided into centuries but this is not meant to imply historically significant periods which, if they can be discerned at all, tend rather to fall in the middle of centuries. Roughly one quarter of the book covers the sixteenth and seventeenth centuries, one quarter the eighteenth,

and almost one half the nineteenth century up to 1860. These proportions were not planned but emerged when we came to make selections for inclusion in this volume from the material we had collected; they may therefore be taken as a fair measure of the growth of psychiatry during these centuries.

To judge rightly of the present we must oppose it to the past; for all judgment is comparative, and of the future nothing can be known . . . The present state of things is the consequence of the former, and it is natural to inquire what were the sources of the good that we enjoy, or of the evil that we suffer. If we act only for ourselves, to neglect the study of history is not prudent: if we are entrusted with the care of others, it is not just.

SAMUEL JOHNSON
(*Rasselas*)

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SIXTEENTH CENTURY

BARTHOLOMÆUS ANGLICUS (13th century)

Minorite friar, professor of theology, Paris

De proprietatibus rerum, 1535 *London, Berthelet* folios 31-2, 86-7

This great encyclopædia of the Middle Ages, long used at universities in manuscript, was first printed in 1470, translated into English in 1495 and reached more than twenty editions by 1500. The chapters on mental illness are an exposition of the traditional views of disease based on aberrations of the four humours. On this theory treatment was aimed at removing or altering the offending humour mainly by bleeding, vomiting and purging, measures which continued in use well into the nineteenth century long after humoral pathology, their rationale, had been abandoned. Bartholomæus used the classical divisions of mental disease into: 1. 'melancholie' – covering in modern terminology anxiety states, hypochondriasis, depression and delusional states; 2. 'madnes', raving madness, or 'mania'; 3. 'gaurynge [staring] and forgetfulnes' which included dementia and non-organic stupor; and 4. 'frenesie' or delirium due to disease of the brain and its membranes, distinguished from 'perafrenesi' or delirium occurring in the course of febrile or other systemic disease. He also recorded early attempts at localising mental functions around the cerebral ventricles by which madness was ascribed to 'infection of the formeste celle of the head' – that is the anterior horn of the lateral ventricles and the frontal lobes, the seat of imagination; melancholy to 'infection of the myddell celle' – the body of the ventricles and the parieto-temporal regions, the seat of reason; 'gaurynge and forgetfulness' in 'the hynder celle' – the posterior horns and occipital lobes, the seat of memory. He discussed dreams not only as prophetic and supernatural on biblical precedent, but also as natural due to 'appetyte, affeccion, and desyre', and remarked on their similarity and relation to insanity.

MEDIEVAL TEACHING: HUMORAL PATHOLOGY

Of melancolie

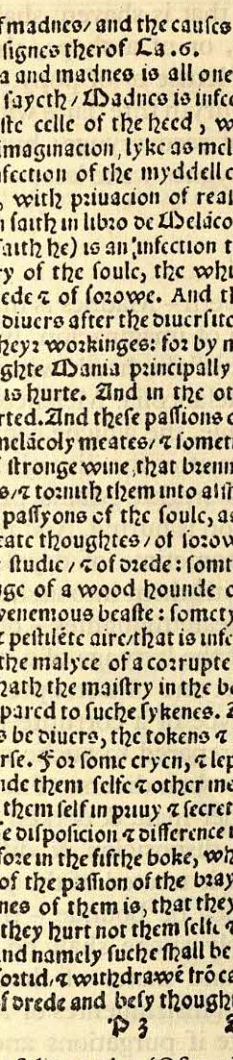
Melancoly is a humour, boystous & thycke, and is bredde of troubled drastes of blode: & hath his name of melon – that is black, & colim, that is humor: wherupon it is called melancolia, as it were a black humor: & so phisiciens cal it colera nigra coler black: For the colour therof declineth toward blacknes. Some melancoli is kindly & som unkindly . . .

Of this humour havyng maistry in any body, these ben the sygnes and tokens. Fyrste the colour of the skynne chaungeth into blacke or bloo: Soure savour, sharpe – and erthy is felte in the mouth. By the qualite of the humour the pacient is feynte – and fereful in hert without cause. And

so all, that have this passion, are ferefull without cause, & oft sory. And that is through the melancoli humor that constreineth & closeth the herte. And so if we aske of suche hevy folkes – what they fere, or wherfore they ben sory – they have none answere. Some wene that they shoulde dey anone unreasonably: Some drede enmyte of some man: Some love and desyre dethe. Wherfore in libro Passionum Galen sayth It is no wondre, though they that suffre coleram nigram be very sorye, and have suspeccion of dethe. For no thynge is more dredefull outwarde in the bodye than derkenesse. And so when any derke thyng heeleth the brayne – as melancoly flewme – the pacyent muste nedes drede. For he bearethe with hym the cause why he shulde drede. And therfore he dreameth dreadefull darke dreames – and verye yll to see – and of stynkynge savour and smelle. Of whiche is bredde passio melancolia. Also hit commeth of a madnesse – and of disposytion of melancolie, whan suche have lykynge and laughe all waye of sorowfull thynges – and make sorowe and dolour for joyfull thynges. Also suche holden their peas whan they shulde speake, and speake to moche whan they shulde be stylle. Also somme trowe, that they benne erthyn vessels – and drede to be touched, leest they breke. And some wene, that they close the worlde in theyr fyste, and in theyr hondes to conteyne all thynges: and therfore they putte not oute their handes to take meate: for they drede that if they shulde putte forthe their handes – partes of the worlde shulde falle and be loste. Also some wene that . . . they heve their hondes and sholders to holde uppe the worlde, that semeth to them is in poynt to fall: and brayen strongly – and stryve yf phisitiens make them holde downe their hondes. Also some wene that they have no heedes, and som wene that they have leden heedes – or asse heedes, or som other evyll shapen fascion . . . Also somme falle into evyll suspections without recover: & therfore they hate – blame, and confounde theyr frendes, and sometyme they smyte and slee them.

Of the frenesie – and the causes & remedyes therof

Frenesy . . . is an hote postume in certain skynnes and selles of the brayne, and theruppon folowith wakynge and ravynge. And so frenesy hath that name frenesis of frenes, felles that beclyppe the brayne. And it cometh in two maners, either of the redde colera – chauffed and made lyght with heate of it self and of fevers, and made wood and ravysshyd upwarde by veynes, synewes, wosen and pypes, and gaderyd to a postume – and so in to the kynde of frenesy: or els it cometh of fumosyte and smoke – that commethe upwarde to the braine, and distourblyth the brayn, & is called Perafrenesi, that is no very frensi. And the frenetyke person suffreth many dredefull accidentes, as to great thyrste – dryenesse – blaknesse, and roughnes of tongue – full greate greve and anguysshe – and cough and sowninge for defaute of spirites – and chaungynge of kynde heate into unkynde. The paciente is redde, if it com of blode – and Citrine – if it come of colera . . . Parafrenesis cometh of byndynge togyders and company of



¶ Of madnes/ and the cauſes and ſignes therof Ca. 6.

Amentia and madnes is all one as Plato ſayeth/ Madnes is infectiō of the formeſte celle of the heed, with priuacion of imaginacion, lyke as melancolie is the infection of the myddell celle of the heed, with priuacion of reaſon/ as Cōſtantyn ſaith in libro de Melācolia. Melācolia (ſaith he) is an infection that hath mayſtry of the ſoule, the whiche cometh of drede & of ſorowe. And theſe paſſions ben diuers after the diuerſitee of the hurt of theyr workinges: for by madneſſe that hyghte Mania principally the imaginacion is hurte. And in the other reaſon is hurted. And theſe paſſions com ſomtime of melācoly meates/ & ſometime of drynke of ſtronge wine, that brenneth the humours/ & tourneth them into aſhes/ ſomtyme of paſſyons of the ſoule, as of beſines & greate thoughtes/ of ſorowe & of to greate ſtudie/ & of drede: ſomtime of the bytynge of a wood hounde or of ſome other venemous beaſte: ſometyme of corrupte & peſtilēte aire/ that is infecte: ſomtime of the malyce of a corrupte humour, that hath the maiſtry in the body of a man prepared to ſuche ſykenes. And as the cauſes be diuers, the tokens & ſignes ben diuerſe. For ſome cryen, & lepe, & hurt & wounde them ſelfe & other men & derké & hide them ſelf in priuy & ſecret places: of whoſe diſpoſicion & difference it is reherced tofore in the fifthe boke, where it is treated of the paſſion of the brayne. The medicines of them is, that they be boūde/ that they hurt not them ſelfe & other men. And namely ſuche ſhall be refreſhed & cōforted/ & withdrawē fro cauſe and mater of drede and beſy thoughtes.

FIG. 1 Part of the section 'Of madnes' (folio 87r) from Bartholomæus Anglicus' *De proprietatibus rerum*, 1535.

other membres – as of a postume of the stomake, or of the mother, and whan these membres ben broughte to their owne former state – than the braine torneth ayen to his owne good state: and than this evylle Perafrenesye is curyd, and than the man is savyd. But if the postume be in the substaunce of the braine – than is the frenesie worste and moost grevous: and therefore moost peryllous. These bene the sygnes of frenesye: discolouryd uryne – duringe the fever, with woodnes and contynual wakynge, mevynge and castynge aboute the eyen, ragynge – stretchynge – and castynge out of hondes, mevinge and waggynge of the heed – gryndynge and gnasshynge togyders of the teeth, alway they woll arise out of theyr bedde, now they synge, now they laughe, now they wepe, and they byte gladly – and rente theyr keper and leche, selde be they stylle – but crye moche. And these be mooste perylously sycke – and yet they wote not then that they be sycke. Than they muste be sone holpen, leest they peryshe, and that bothe in dyete and in medicine. The diete shall be ful scarse, as crommes of breade – whiche muste many tymes be wette in water. The medycyne is – that in the begynnynge the pacyentes heed be shaven, and washed in luke warm vynegre, and that he be well kepte or bounde in a darke place. Diverse shapes of faces and semblaunt of painting shal not be shewed tofore hym, leest he be tarred with wodnesse: all that be aboute hym – shall be commaundyd to be stylle and in silence, men shall not answere to his nyce wordes. In the begynnynge of medycine he shall be let bloudde in a veyne of the foreheed, and blede as moche as woll fyll an egge shelle. Afore all thynge (if vertue and age suffryth) he shall bleded in the heede veyne. By medycyne dygestyon shall be procurid – and redde Colera quenched. Over all thinges with oyntmentes and bawming men shal

labour to bringe hym a slepe. The heede that is shaven, shall be plastred with lounges of a swyne or of a wether, or of a shepe, the tempuls & forheed shall be anointed with the juis of letuse or of popy. If after these medycines ben layd thus to, the woodnes duryth thre daies without slepyng and discolored urine: there is no hope of recoverynge: but if the urine begynne to take good coloure, and evylle sygnes waxe lasse – there is hope of recoverynge.

Of madnes–and the causes and signes therof

Amentia and madnes is all one, as Plato sayeth – Madnes is infection of the formeste celle of the heed, with privacion of imaginacion, lyke as melancolie is the infection of the myddell celle of the heed, with privacion of reason–as Constantyn saith in libro de Melancolia. Melancolia (saith he) is an infection that hath maystry of the soule, the whiche cometh of drede & of sorowe. And these passions ben divers after the diversitee of the hurt of theyr workinges: for by madnesse that hyghte Mania principally the imaginacion is hurte. And in the other reason is hurted. And these passions com somtime of melancoly meates – & sometime of drynke of stronge wine, that brenneth the humours – & tornith them into asshes – somtyme of passyons of the soule, as of besines & greate thoughtes – of sorowe & of to greate studie – & of drede: sometime of the bytynge of a wood hounde or of some other venemous beaste: sometyme of corrupte & pestilente aire – that is infecte: somtime of the malyce of a corrupte humour, that hath the maistry in the body of a man prepared to suche sykenes. And as the causes be divers, the tokens & signes ben diverse. For some cryen, & lepe, & hurt & wounde them selfe & other men, & derken & hide them self in privy & secret places: of whose disposicion & difference it is reherced tofore in the fifthe boke, where it is treated of the passion of the brayne. The medicines of them is, that they be bounde – that they hurt not them selfe & other men. And namely suche shall be refreshed & comfortid – & withdrawen from cause and mater of drede and besy thoughtes. And they muste be gladded with instrumentes of Musike – and some deale be occupied. And at the laste if purgations and electuaries suffisen not – they shall be holpe with crafte of Surgery.

SIR THOMAS MORE (1478–1535)

Lord Chancellor

The apologye of syr T. More, knyght, 1533 *London, Rastell* folios 197-8

In the sixteenth as in earlier centuries pauper lunatics were generally classed with vagrants, beggars and disorderly persons and dealt with in the same way, since madness meant socially intolerable behaviour. This is well illustrated in the following episode where the patient was treated by 'betynge and correccyon . . . in bedelem', that is Bethlem Hospital which admitted lunatics from the end of the fourteenth century.

A DIALOGVE

Of Cumfort

against Tribulation, made by

the right Vertuous, Wise and Learned

man, Sir Thomas More, sometime

L. Chanceller of England, which

he wrote in the Tower of

London, An. 1534.

and entituled

thus:

A Dialogue of Cumfort against Tribulation, made by an Hungarian in Latin, and translated out of Latin into French, & out of French into English.

Now newly set foorth, with many places restored and corrected by conference of sundrie Copies.

Non desis plorantibus in consolatione. Eccli. 7.

ANTVERPIAE,

Apud Iohannem Foulerum, Anglum.

M. D. LXXIII.

FIG. 2 Title-page of the second edition of Sir Thomas More's *A dialogue of cumfort against tribulation*, 1573 (first published posthumously in London 1553) an early example of a book of comfort for the distressed and afflicted in mind a number of which appeared in the sixteenth and seventeenth centuries.

Another was one, whyche after that he had fallen in to ye frantike heresyes, fell soone after in to playne open fransye bysyde. And all be it that he had therfore ben put uppe in bedelem, and afterwarde by betynge and correccyon gathered hys remembraunce to hym, and beganne to come agayne to hym selfe beynge theruppon set at lyberty and walkynge about abrode, hys olde fansyes beganne to fall agayne in his hed. And I was fro dyvers good holy places advertised, that he used in his wanderynge aboute, to come into the chyrche, & there make many madde toyes & tryfles, to the trouble of good people in the dyvyne servyce and specially wold he be most besy in the tyme of most sylence, whyle the preste was at the secretes of the masse aboute ye levacyon. And yf he spyed any woman knelynge at a forme yf her hed hynge any thynge low in her medytacyons, than wolde he stele behynde her, & yf he were not letted wolde labour to lyfte up all her clothes & caste them quyte over her hed, wheruppon I beyng advertysed of these pageauntes, and beynge sent unto and requyred by very devout relygyouse folke, to take some other order wyth hym caused him as he came wanderyng by my dore, to be taken by the constables and bounden to a tre in the strete byfore the whole towne, and there they stryped hym with roddys therfore tyl he waxed wery and somwhat lenger. And it appered well that hys remembraunce was good inough, save yt it wente about in grasynge tyll it was beten home. For he could than very well reherse hys fawtes hym selfe, and speke and trete very well, and promyse to do afterwarde as well. And veryly god be thanked I here none harme of hym now.

SIR THOMAS ELYOT (?1490–1546)

Diplomatist, Member of Parliament; writer and translator

The castel of helth, 1541 *London, Berthelet* folios 62, 64, 66-5[7]

First published 1539

Although not a physician, Elyot had studied medicine under Thomas Linacre, physician to Henry VIII, and wrote this widely read and frequently reprinted book 'for the fervent affectyon whiche I have ever borne toward the publike weal of my countray . . . that by the true information of the sycke man, by me instructed, they mought be the more sure to prepare medicines convenient for the disseasis. Also to the intent that men observyng a good order in diete, and preventing the great causys of sickenes, they shoulde of those maladyes the soner be curyed'. It was the first manual of popular or domestic medicine in the vernacular, designed to provide the poor with simple instructions how to keep well, and with simple remedies in case of sickness. This naturally aroused the wrath of the medical profession: 'A worthy matter, sayth one, syr Thomas Elyot is become a Physition, and wryteth in phisik, which besemeth not a knyght, he mought have ben moch better occupyed', and led him to set out his reasons for writing the book in a 'Proheme' to the corrected and augmented edition from which the extracts are taken. In the chapter 'Of affectes of the mynde' Elyot gave an interesting list of common psychological causes of 'dolour or hevynesse of mynde', that is depression, and stressed that such patients required not only 'the helpe of phisyke corporall, but also the counsell of a man wyse and well lerned in morall philosophye', that is a good psychotherapist.

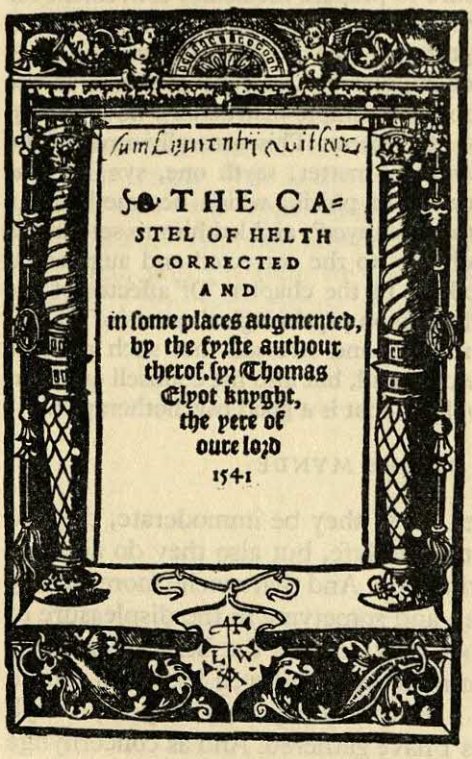
OF AFFECTES OF THE MYNDE

Affectes and passions of the mynde . . . yf they be immoderate, they do not onely annoye the body, & shorten the lyfe, but also they do appaire, and somtyme lose utterly a mans estimation. And that moche more is, they bringe a man from the use of reason, and sometyme in the displeasure of almighty god. Wherfore they do not only require the helpe of phisyke corporall, but also the counsell of a man wyse and well lerned in morall philosophye. Wherefore after that I have recyted, what they be, I wyll briefely declare suche counsayles, as I have gathered. And as concernynge remedies of phisike savinge a few symples, which do comfort the harte & spirites, the residue I wyl remytte to the counsayle of phisitions, lyke as I have done in evacuation. Affectes of the mynde, wherby the body is annoyed, and do bring in siknes, be these, yre or wrath, hevynes or sorow, gladnes, or rejoycynge.

Of dolour or hevynesse of mynde

There is nothynge more ennemye to lyfe, than sorowe, callyd also hevynes, for it exhausteth both naturall heate and moysture of the bodye, and dothe extenuate or make the body leane, dulleth the wytte, and darkeneth the spirites, letteth the use and judgement of reason, and oppresseth memorye . . . Also by hevynesse deth is hastened, it hydeth vertue or strengthe, and hevynesse of harte boweth downe the necke. This is so puissant an ennemye to nature and bodily helth, that to resiste the malyce and violence therof, are required remedies, as well of the holsome counsayles founde in holy scripture, and in the bokes of morall doctrine, as also of certayne herbes, fruites, and spyces, havynge the propretie to expelle melancolyke humours, and to comfort and kepe lyvely the spirites, whyche have their proper habytation in the harte of man . . .

If deathe of chylderne be cause of thy hevynesse, call to thy remembrance some chylderne (of whome there is no lyttell number) whose lyves



THE CA=
STEL OF HELTH
CORRECTED
AND
in some places augmented,
by the fyrste authour
therof. Syr Thomas
Elyot knyght,
the yere of
oure lorde
1541

TO THE CONSERVATION of the body of mankynde, within the lymitation of helth (whiche as Galene sayethe) is the state of the body, wherin we be neyther greued with peyne, nor lette from doinge our necessary busynesse, doth belonge the dylygent consyderation of thre sortes of thynges, that is to say,

- Thynges Naturall,
- Thynges not naturall, and
- Thynges ageinst nature.

¶ Thinges Naturall be. viii. in number.

- Elementes.
- Complexions,
- Humours.
- Members.
- Powers.
- Operations and
- Spirites.

¶ These be necessary to the beinge of helth, accordynge to the order of their kynde: and be alway in the naturall body.

¶ Thynges not naturall be syxe in number.

- Ayre.
- Meate and drynke.
- Slepe and watche.
- Mouynge and rest.
- Emptinesse and repletion, and
- Affections of the mynde.

¶ Thynges ageinst Nature be thre.

- Syckenesse.
- Cause of syckenesse.
- Accident, whyche folowyth sickenes.

B Annexed

FIG. 3 (*left*) Title-page of Sir Thomas Elyot's *Castel of helth*, 1541.

FIG. 4 (*right*) First page (folio 1r) from the same showing the Galenic physio-pathological theory according to which 'the state of the body' in health and sickness depended upon 'Thynges Naturall, Thynges not naturall [which included 'Affections of the mynde'], and Thynges ageinst nature'.

either for uncorrigible vices, or infortunate chances, have ben more grevous unto theyr parentes, than the death of thy children, oughte to be unto the: consideringe that deth is the discharger of al griefes and myseries, and to them that dye well, the fyrst entrie in to lyfe everlastynge.

The losse of goodes or authoritie doo greve none but fooles, which do not marke diligently, that lyke as neyther the one nor the other doth alway happen to them that are worthy, so we have in dayly experience, that they falle from him sodeynly, who in increasynge or kepynge theym semeth moste busye.

Oftentymes the repulse frome promotion is cause of discomforte, but than consyder, whether in the opinion of good men, thou art demed worthy to have such advauncement, or in thyne owne expectation and fantasy . . .

This nowe shall suffise concerninge remedies of morall philosophie. Nowe wyll I write somewhat touchynge the counsayle of phisycke, as in relievynge the bodye, whiche eyther by the sayde occasions, or by the humoure of melancolye is brought out of temper.

The fyrste counsayle is, that durynge the tyme of that passion, eschewe to be angry, studyous, or solytarie, and rejoyse the with melody, or els be alway in suche company, as beste may content the.

Avoyde all thynges that be noyous in syghte, smellyng, and heryng, and imbrace al thinge that is dilectable.

Flee darknes, moche watche, and busynesse of mynde, moche companieng with women, the use of thinges very hote and drie: often purgations, immoderate exercise, thirst, moche abstinence, dry wyndes and colde.

CHRISTOPHER LANGTON (1521–1578)

MD Cantab., FRCP, physician of London

1. *A very brefe treatise, ordrely declaring the principal partes of phisick, that is to saye: thynges natural. Thynges not naturall. Thynges agaynst nature,* 1547 *London, Whitchurch* pp. [133-7].

2. *An introduction into phisycke, wyth an universal dyet,* ?1550 *London, Whytchurche* pp. 46-7

These small treatises are among the earliest medical books written in English by a practising physician. Langton stressed that 'affectes of the mynde' alter the bodily humours, not only the humours the mind, which marks the transition towards the modern figurative sense of 'humour' as in 'ill-humoured'. His statement that 'perturbations of the mynde' produce not only temporary that is acute changes in the body, but also 'littel by litell' persisting ones and so cause diseases, is in agreement with modern concepts of psychosomatic medicine. In the second extract he illustrated some of the common forms of 'madnes' by classical examples.

OF THE PERTURBATIONS, AND SUDDEN MOTIONS OF THE MINDE

1. The Affections, which be the sudden motions, and perturbations of the mynde, ought not to be neclected of the phisition: because they be of great might, and make great alteration in all the body: ye whiche amongest al other, feare, Joy, angar and sorowe declare evidently. Feare by drawing the spirite and bloud in to ye innar partes leaveth the utter pale for colde. Anger setteth the body on fire with moving of the bloud to the utter partes & as in anger the pulse beteth mightely, so in fere it beateth almost nothyng at all: sorrow is an affection with the which ye hart as though it were smytten, is drawn together, and doth tremble and quake, not without great sense of payne: and so and so by lyttel and lyttel whiles the sorow goeth not away, the strength of the hart, is quite overthrowen, and the generation of spirites is letted, by meanes wherof, the lyfe is utterly extinct: suche a cruell scourge is sorow unto man.

Feare and sorowe differ of this fashion, ye sorowfull man suffereth that by littell and litell, which the fearfull man doth suffer all at onse. Joy is a sudden motion, with the whiche ye harte rejoysing dilateth hym selfe, and suddenly sendeth furth al hys naturall heat and spirites, wherby sumtyme it chaunseth that a weake body dieth in Joy, because for lacke of strength the hart can not call in agayne his naturall heat and spirites . . . Nowe be

it anger kylleth no man, because it nether cooleth the naturall heat nor yet dissolveth the strength.

The phisition shoulde marke earnestlye not onlye these, but all other affectes of the mynde also: partly, that he may know of them, what humor redoundeth: but especially, that he may lerne, how to resiste them: and by hys counsell master them in the ende.

2. If melancholye it selfe, wythout the admixtion of other humours be burned, than it maketh hym sad and solitarye, as Bellerophon, whyche as Homer sayeth, beying full of sorowe and care, forsoke all companye, and wandered in desolate feyldes solitarye al alone . . . Democritus madnes was somewhat more pleasaunte, whyche laughed alwayes at mennes folyshnes, whereby he prolonged hys lyfe an hole hundred yeres. Empedocles was so outeragious madde, that he lepte alyve in to the burnynge fyer of the hyl Ethna, but Sophocles madnes was much sweter, the whyche dyd ease the incommodities of olde age, wyth makyng of verses. Marius whan he was madde, fantasied nothyng but fyghtynge. But Lucullus beying madde, was mery, full of game and sporte.

POPE JOHN XXI

FOLK REMEDIES AGAINST MADNESS, 1550

the ſame maner.

the ioyce of Coryander geuen to the patient to drynke, wyll not ſuffre the humoze to aſcend into ỹ hed and it wozketh alſo great helpe, to the pacientes.

take a frogge and cut her throughe the myddes of the backe with a knife and take the lyuer and fold it in a colewozte leafe and burne it in a new earthen potte wel cloſid & geue the aſhes therof vnto the ſick perſon in hys ſyckenes to drynke ỹ good, wyne and yf he be not healyd at ons do ſo by another frogge and ſo do ſtyll, and wythout doute it wil heale hym.

¶ Powder made of ỹ ſtone of a ſwalowe healeth without doubt thoſe which haue the fallyng euill, for it is a ſouereygne medicyne.

¶ Agaynſt madneſſe called mania.

¶ The Cauſes.

¶ Great quantitie of incorrupte bloud flowyng to the braynes

The Sygnes

¶ It is lyke to the phrenetyke ſauyng that the frenely, comyth with a feuer, and thys wythout.

¶ Remedies.

Capi. xi.

¶ Certeyne men ſay that a roſted Mous eaten doth heale Frantycke perſons.

¶ A redde ſtonne founde in a ſwalowe, caryed about the pacient and tyed in a cloth of lynen and put vnder the lyfte arme doth heale frantyke and lunatike perſons. Dioſco. Gilb. & Lapid.

¶ Radiche ſtampt, and bounde to ỹ brayne wil heale one of the fallyng ſyckenes by and by.

¶ Agaynſt al deſeaſes in the eyes.

¶ The Cauſes.

¶ Seing that ther be many diſeaſes in the eyes & therfore haue ſundry

FIG. 5 Folk remedies 'Agaynst madnesse called mania' with 'The Causes' and 'The Sygnes' from *The treasurie of medicines, gathered out of Hipocrates, Galen and Avicen by one Petrus Hyspanus* [Pope John XXI, d. 1277], *and translated into English by Humfry Lloyd, c.* 1550 (London, Coplande; folio D4b-D5a).

The identical text including 'a rosted Mous eaten doth heale Franticke persons' occurs in another popular sixteenth century medical book *This is the myrrour or glasse of helth necessary and nedeful for every person to loke in,* 1539 (London, Wyer) by Thomas Moulton, a Dominican friar, which was reprinted fourteen times by the 1560's and like Lloyd's obviously filled a need of 'the poore people... in defaute of helpe' for whom it was written.

ANDREW BOORDE (1490–1549)

MD Montpellier, Carthusian monk, suffragan bishop of Chichester, physician

The breviary of healthe. The seconde boke of the brevyary of health, named the extravagantes, 1552 *London, Powell* Book 2, folios 4-5, 10; Book 1, folios 65 [75], 92

Book 1 first published 1547

Besides describing traditional varieties of mental illness Boorde separated as 'Demoniackes' a group of violent or suicidal patients who might need exorcism over and above the standard remedies for 'madnes'. It is interesting that he classed separately as 'frantickenes' the toxic delirium due to henbane (hyoscyamus) since at the present time hallucinogens and fantasticants, both natural and synthetic, are receiving much attention in psychiatric research. He devoted the section on treatment to domestic management because in his day Bethlem Hospital with accommodation for only about twenty patients was the only institution for the insane in the country. Bleeding was recommended from the cephalic vein in the arm because as its name implies it was thought to communicate directly with the head. His 'dormytaries' became the 'sleepers' of the seventeenth century and the hypnotics of today.

THE KYNDES OF MADNESSE

The 11. Chapitre dothe shewe of a Demoniacke person, the whiche is possessed of or with the Devyll or devyls

Demoniacus or *Demoniaci* be the latin wordes. In greke it is named *Demonici*. In Englyshe it is named he or they the which be mad and possessed of the devyll or devyls, and theyr propertie is to hurt and kyll them selfe, or else to hurt and kyll any other thynge, therfore let every man beware of them, and kepe them in a sure custody.

The cause of this matter

This matter doth passe all maner of syckenesses and diseases, and is a feareful and a terryble thynge to se a devyl or devyls shoulde have so muche and so greate a power over man as it is specifyed of such persons dyvers tymes in the gospell, specially in the ix. Chapitre of Marke . . .

The fyrst tyme that I did dwell in Rome, there was a gentylwoman of Germany the whiche was possessed of devyls, & was brought to Rome to be made whole. For within the precynct of S. Peters church without S. Peters chapel standeth a pyller of white marble grated rounde about

with Yron, to the whiche our Lord Jesus Chryste dyd lye in hym selfe in Pylates hall, as the Romaynes doth say, to the which pyller al those that be possessed of the devyll, out of dyvers countres and nacions be brought thyther, and as they saye of Rome such persons be made there whole. Amonge al other this woman of Germany whiche is CCCC. myles and odde, frome Rome was brought to the pyller I then there beying present with great strength and vyolently with a xx. or mo men this woman was put into that pyller within the yron grate and after her dyd go in a Preest, and dyd examyne the woman under this maner in the Italyan tonge. Thou devyl or devyls I do abjure the by the potenciall power of the father and of the sonne our Lorde Jesus Chryste and by the vertue of the holy ghoste that thou do shew to me, for what cause that thou doest possesse this woman, what wordes was answered I wyll not wryte, for men wyll not beleve it but wolde say it were a foule and great lye, but I did heare that I was afrayd to tary any longer lest that the devyls shulde have come out of her and to have entred into me, remembrynge what is specified in the viii. Chapitre of S Mathewe when that Jesus Christ had made ii. men whole the whiche was possessed of a legion of devyls. A legion is ix.M.ix.C. nynety and nyne, the sayd devyls dyd desyre Jesus that when they were expelled out of the aforesayd two men, that they myght enter into a herde of hogges, and so they dyd, and the hogges dyd runne into the sea and were drowned. I consyderynge this, and weke of faith and afeard, crossed my selfe and durst not to heare and se suche matters, for it was to stupendious and above all reason.

The 29. Chapitre doth shewe of Frantickenes

Hyostianum is a kynde of frantickenes, and it doth take the name of a greke worde named *Hiostianus* the whiche in Englyshe is named Henbane, for who so ever doth eate of Henbane or an herbe named Dwale shal fal into a frantyckenes or a fantastycall mynde.

A remedy

Fyrst kepe the pacient in a close chamber and let hym have mery company about hym, and gyve to hym Gotes mylke with suger and let hym drynke posset ale made with Gotes mylke iii. or iiii. dayes. And if one can not get Gootes mylke, use for it Meth or Metheglyn, or pure water with sugar.

Of one of the kyndes of madnesse

Mania is the greeke. In Latin it is named *Insania*, or *Furor*, In Englishe it is named a madnes or woodnes like a wylde beast, it doth dyffer frome a phrenyse, for a phrenyse is with a fever, and so is not Mania, this madnes that I do pretende to speake nowe off.

The cause of this infirmite

This infirmytie doth come of a corrupte bloude in the head, and some doth

saye that it doth come of a bylous bloud intrused in the head, and some saye it doth come of wekenes of the brayne the which letteth a man to slepe, and he that can not slepe muste nedes have an ydle brayne, and some say it is a turnyng up so downe in the head, the which doth make the madnes.

A remedy

Fyrst in the chamber where the pacient is kept in, let there be no pycters nor paynted clothes about the bed nor chamber, than use in the chamber all thynges that is redolent and of swete savours, and kepe the pacient from musynge and studieng, and use myrth and mery comunication, and use the pacient so that he do not hurt hym selfe nor no other man, and he must be kepte in feare of one man or an other, and if nede requyre he must be punyshed & beaten, and geve hym iii. tymes a daye warme meate, and use to eate Cassia fistula, and Epithime used is very good.

Of the Phrenesies. A remedy

First let the pacient bloude of a veyne named Cephalica, than shave the head and anoynt it with the oyle of Roses, or els washe the head with Rose water and Vineger. And if the pacient can not slepe use dormytaries, and kepe hym as it is specified in the Chapitre named Mania.

WILLIAM BULLEIN (?–1576)

Divine, physician and botanist

A newe booke entituled the governement of healthe, 1558 *London, Day* folios 52-3

In the sixteenth century there was apparently as much difference of opinion as there is today whether mental illness should be treated by physical methods or psychotherapy. In this spirited passage from a section entitled 'The turments of the mind' Bullein came down on the side of 'good counsel . . . saye what they lyste'.

FOR THE PASSIONS OF THE MYNDE GOOD COUNSEL

The great paynes and secrete grieves that disquieted myndes, dooe daylye susteyne, bee not muche unlike unto the infernall turmentes, that the wicked dooe fele: Physicke unto an extreme troubled mynde (saye what they lyste:) helpeth as lyttell, as to aplye a playster to the breaste, or head, of a dead bodye, to revocate the spirites of lyfe or soule agayne. The syckenes of the body muste have medicine, the passions of the mynde, must have good counsel. What pleasure hath a condemned man in musicke, or a dead man in phisicke ? Nothyng at all God knoweth. Oh howe many men have bene caste awaye by thoughte, and moste for losse of estimacion, and some of other affections of the mynde, as inordinate love, or covetyng thynges that they can not gette, or optaynynge those thynges that they can not kepe, or ire of mens prosperitie or good happe.

LUDWIG LAVATER (1527–1586)

Divine of Zurich, Switzerland

Of ghostes and spirites walking by nyght, and of strange noyses, crackes, and sundry forewarnynges . . . translated into Englyshe by R.H., 1572 *London, Watkyns* pp. 9-15, 19

First published in Latin, Zurich 1570

Towards the end of the sixteenth century translations appeared of contemporary foreign works touching on mind and its aberrations, among them this well-known treatise on psychical experiences. Lavater recognised the part played by what much later were called illusions, hallucinations and delusions, and gave many examples of these manifestations of mental illness.

ILLUSIONS AND HALLUCINATIONS

Melancholike persons, and madde men, imagin many things which in verie deede are not

True it is, that many men doo falsly persuade themselves that they see or heare ghostes: for that which they imagin they see or heare, proceedeth eyther of melancholie, madnesse, weaknesse of the senses, feare, or of some other perturbation . . .

Sometimes they affirme in greate soothe, that they verily heare and see this or that thing, whiche notwithstanding neyther they nor yet any other man dyd once see or heare. Which thing we sometimes see by experience to bee true in those men, whiche be troubled with greate headache or subject to other diseases of the body, or cannot take rest in the night or are distraughted of their wittes. Those whiche dwell with suche kinde of men, when they heere them tell such obsurde tales, such straunge things, and suche marvelous visions, albeit they pittie their unfortunate estate, yet can they not many tymes conteyn themselves from laughing. Aristotle in his booke *de rebus mirandis*, writeth of a certaine man distraught of his wittes, who going into the Theatre of Abydos a Citie of Asia, when no man was therein, and there setting alone, by clapping of his handes, signified that he liked as well every thing there, as if some commedie or tragedie had ben notablie sette forth on stage . . . Atheneus *lib.* 12 writeth of one Tresilaus, whose braines were so distempered, that he verily supposed all the ships whiche aryved at Porte Piræus, to be his owne: he would numbre them, he commaunded the Mariners to launch from shore, and when they

returned after their voyage home againe, he as much rejoyced as if he had ben owner of all wherewith they were laden. The same man affirmed, that in al the time of his madnesse he lived a verie pleasant life, untill the Phisitian hadde cured him of his disease . . .

Of such an one writeth Galene, *De locis affectis* . . . one Theophilus a Phisitian, who in other things was wyse, and coulde dispute wel and perfectly knowe every man: yet notwithstanding, he thought there were certein Minstrels did haunte that corner of his house where he used to lye, and that they tuned theyr pypes, and played on them every daye: And hee verily thoughte, that he sawe them, some sitting, and some standing, and in suche sorte continually pyping without intermission, that they ceassed at no tyme, neither in the day, nor in the night. And therfore he never ceassed to crye, and to commaunde his servantes to drive them out

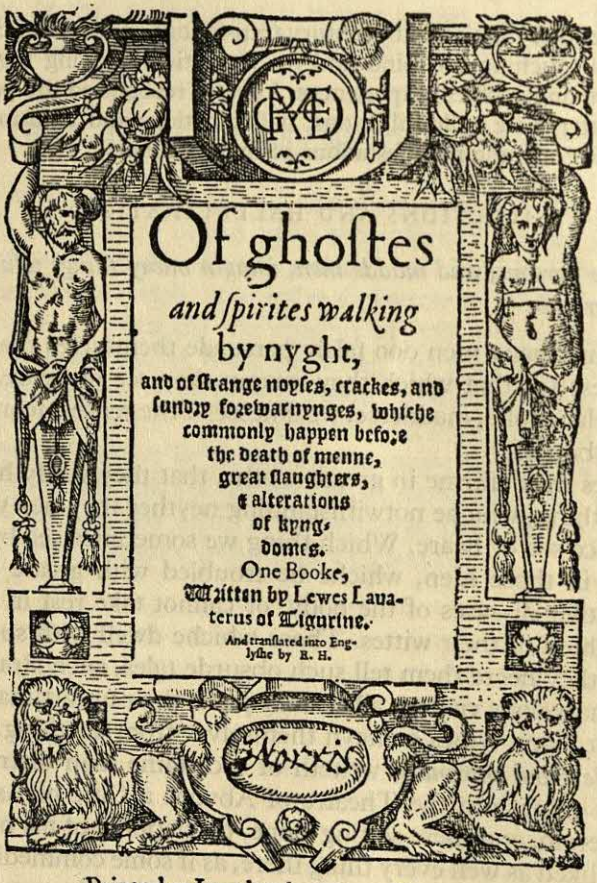


FIG. 6 Title-page of Lavater's *Of ghostes*, 1572, the first book in English on illusions and hallucinations.

of his dores. When he was throughly recovered of his sicknesse, then he tolde all other things which every one of them had sayd or done: and also he called to mynd the imaginations which he conceyved of the tediousnesse of the minstrels . . .

Madde men which have utterly loste the use of reason, or are vexed by Gods permission, with a Divell . . . doo marvellous thinges, talke of many visions and divers other matters. Theyr sight deceiveth them, in somuche as they mistake one man for an other: which thing we see by experience, in Bedleme houses where mad and frantike men are kepte . . .

Tertullianus sayth thus: Those whiche are mad see one man in an other, as Orestes sawe his mother in his sister, Ajax beheld Ulisses in an heard of swine, Athamas and Agave wild beastes in their owne children &c.

Fearefull men, imagine that they see and heare straunge things

That whiche we have hytherto spoken concerning melancholike men, and men out of their witts, may also be understood of timorous and fearefull men. For if any man bee timorous by nature, or subject to feare through great daungers, or by some other wayes, he also imagineth straunge things whiche in deede are not so, especially if he have in him any store of melancholie. Wemen, which for the most parte are naturally geven to feare more than men . . . do more often suppose they see or heare this or that thing, than men do. And so do yong wemen, bicause commonly they are afrayde . . .

Plutarche in his booke *De sera numinis vindicta*, reporteth a marvellous and notable historie, of one called Bessus: who after he had murdered his father, hid him selfe a long season. But on a time as he went to supper, espying a swalowes nest, with his speare he thrust it downe: and when those which supped togither with him, misliked and abhorred his crueltie (for we like not those men that trouble litle birdes and other beasts, bicause we judge them austere and cruell) he aunswered: have they not (saith he) falsly accused me, a greate while crying out on me, that I have slayne and murdered my father. Those which were present being striken with greate admiration, reported these his words to the king, who immediately caused hym to be tormented, and examining the matter diligently, at the last founde him giltie and punished him as a manquiller of his owne father. Hereof ye may gather what feare can do: the swalowes coulde not speake, and yet he perswaded him selfe that they upbrayed him with murdering his father. Even so many through feare, imagine they heare and see many thinges whiche in deede are meere trifles . . .

If feare and weaknesse of the syghte and of other senses meete togyther, then men fall into straunge and marvellous imaginations, beleevyng thyngs utterly false, to be very true: Neyther wil they bee brought from theyr owne opinions by any meanes or reason.

THOMAS HILL (?–1599)

Miscellaneous writer of London

The moste pleasaunte arte of the interpretacion of dreames, 1576 *London, March* pp. [134, 166-7, 151-2, 162-3]

A second edition published 1601

This early English book on dreams was mainly concerned with prognostication, but some of Hill's interpretations imply that he recognised dreams were also determined by fears and wishes. That he attributed constant meanings to certain objects and happenings anticipated modern theories of dream symbolism and interpretation. Incidentally it seems from his examples that the content of dreams has apparently changed little over the centuries.

INTERPRETACION OF DREAMES

If any shal thinke himselfe also chaunged into a woman, whiche before was a man: signifyeth both good to a pore man and servaunte: for the one shal after have suche a person which shal nourishe him up, lyke as a woman: & the other shall serve after, with lesser labour. For the lesser be womens laboures, which they do: but to a riche man this dreame signifyeth evill, and especialy, to an officer or one ruling a Common weale for that women for the most part be kepers of the house and occupyinge themselves wythin that house, wherefore to every majestrate, ruler, or officer, this dreame doth damage and deprive hym, whiche seeth it. But if a woman shalbe chaunged into a man, yf shee shall then be unmaryed, shal after obtayne a husbande, and if she bee maryed and shall lacke children, that shee shalbee delivered of a sonne, and so shee shall passe into a very ill nature: but if shee hath a husbande, and sonne, she shall after be a wydowe. For that a man nedeth not a man but a woman . . .

And the losse of teeth, or els fallinge or violently pluckinge out of them, doth for the more parte signify, the losse or deathe of kinsfolkes, or elles one of the same family or housholde, or els the losse of substaunce: For the lyke is to be applyed betweene the house, family, and substaunce therin, as is betwene the mouth, and the teath. And besydes the ryght teeth signifye the men, and the lefte teethe the women: excepte it so happen, that in on house be all women, and in another house all men: for then in those houses, the righte teeth signify the elder, and the lefte teeth the yonger persones. And further the foor teeth signify verye yonge per-

sonnes, and the sharpe teeth lyke to dogges teth, signifye parsons of middle age: the cheke-teeth, olde persones.

And therfore who that dreameth to leese any toothe, shall lose suche a frende, as that tooth signifieth: but when not onely men, but also the losinge possessions bee signifyed: then is it thought or supposed, that the cheke teeth to signify treasures or riches layd up or els hid. And ye sharp teeth to signifie those thinges which bee of no great momente or value.

And the foreteeth signifye simple householde stuff, or els other moveables within the house. Therefore very lyke it is ye some of them fallinge out, to signifye the losse of money, ryches, & facultyes: & further the teeth also signifye necessary matters to lyfe, and of these the cheeke teeth, signify secrete & privie matters . . .

And if anye thinketh in hys dreame to see his bodye cutt open and to see his inwarde partes after nature, and eche decentlye lyinge, signifyeth good to hym whiche hathe no children, and to a poore man. For the one shal after have naturall children, and the other possessions or ryches. For the children be named the bowels, lyke as also ye intrales or inward partes. And lyke as the possessions or goodes be in the house, even so within the greate guttes, be the bowels: but if anye dreame that hee is cutte open, and that he seeth nothinge of his inward partes lefte within hym, signifieth that his house shal after be desolate and forsaken, and the losse also of children & to a sicke parson, death: but this dreame signifieth good to those, whiche bee in troubles or imprisoned, for they shall soone after treade them under their feete.

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LEVINUS LEMNIUS (1505–1568)

Physician and divine of Zierikzee, Netherlands

The touchstone of complexions . . . Contayning most easy rules & ready tokens, whereby every one may perfectly try and throughly knowe, aswell the exacte state, habite, disposition, and constitution, of his body outwardly: as also the inclinations, affections, motions and desires of his mynde inwardly . . . Englished by Thomas Newton, 1576 *London, Marsh* folios 123-4

First published in Latin, Antwerp 1561

By 'complexion' was meant the combination of 'qualities' such as hot and cold, moist and dry, and of the four humours in certain proportion which together made up a person's physical and mental temperament or habit; this in turn determined the diseases to which he was liable and the rules which preserved his health. This ancient physiopathology was fully expounded by Lemnius on the principle of '*nosce teipsum*' to teach every man how to keep his 'health of bodye and health of minde . . . For by the ignoraunce or not knowing of our owne selves, and by negligente loking to the state of our owne bodyes and mindes, we are haled, and (will wee nill wee) thrown into sondry diseases and innumerable affections'. In chapter 4 'Preservatives and helps for the Memory' he wrote 'The proper and peculiar place, assigned & allotted for Memory, is the Brayne, the mansion & dwelling house of wit and all the Senses: which being affected, or by any distemperature discrased, all the functions and offices of Nature are semblably passioned: insomuch that . . . there steppeth in place, Sottage, forgetfulnes, amazednesse, dotage, foolishnes, lack of right wits, doltishnes & idiocie' – a splendid list of sixteenth century synonyms. In order to avoid these developing Lemnius recommended shaving the beard as much as a matter almost of mental as physical hygiene, and on the same lines advanced the ancient method of treating diseases of the head and so also of the mind by shaving the head to allow the 'grosse vapours' offending the brain to 'fume oute'. Although even in his time many considered this practice a 'vayne or absurde fable' it continued in widespread use as a treatment of insanity for more than three centuries. Various refinements were added such as applying vesicants and counter-irritants like Fallowes's 'Incomparable Oleum Cephalicum' designed to raise pustules on the scalp to encourage and facilitate the escape of noxious humours. The survival of this form of treatment to the end of the nineteenth century is described under Fallowes (1705).

SHAVING THE HEAD

When the weather is myelde and calme, and the Countrey temperate, I

myslike not (as touchinge healthynesse of bodye) shavinge of the crowne of the head. For thereby grosse vapours which hurt the Memory, have more scope and liberty to evaporate and fume oute. And therefore some in my opynion, take a holesome way for healthynesse (so they do it without anye maner of superstition otherwyse) which go pollshorne and have theyr heads shaven to the hard scalpe. For by this meanes all they that are encombred wyth Rhewmes, Catarrhes, and headach, fynde much ease, and so do all they that have theyr eyesighte (through abundaunce of Humours) dymme, and theyr hearing thicke, and theyr smelling stopped: insomuch that for the redresse of certayne diseases of the head, losse of right witts, feeblenes of brayne, dottrye, phrensie, Bedlem madnesse, Melancholicke affections, furie and franticke fitts, Physitions deeme it the beste waye to have the hayre cleane shaven of. Which in my judgement is not to be taken as a vayne or absurde fable, for that both experience and reason perswadeth and enforceth some credite thereto: forsomuch as every man after his beard hath beene trimmed or cleane shaven of, feeleth himselfe a greate deale meryer, and lesse wayward and overthwart then he was before.

PHILIP BARROUGH (fl. 1560–1590)

Licensed practitioner in physic and chirurgery, Cantab.

The methode of phisicke, conteyning the causes, signes, and cures of inward diseases in mans body from the head to the foote, 1583 *London, Vautrollier* pp. 17, 19-26, 31, 34

This much read textbook of medicine was many times reissued until 1652 without significant changes. The extracts show the main divisions of mental and neurological disease based on Galen's classification which remained in use until the nineteenth century. Equipped with only the crudest notions of pathology, the presence or absence of fever measured by the pulse was the main diagnostic guide. In consequence there was much confusion between organic and non-organic conditions, that is between neurological and psychological disorders. 'Congelation or taking' included what is today called catatonic stupor; and 'memory lost' without 'reason . . . hurte' is the mental picture of Korsakow's psychosis, which Barrough distinguished from 'fatuitas or stultitia', that is dementia, in which both faculties are affected. The mental precursors, concomitants and sequelae of epilepsy were recognised. Melancholy was not limited to its later sense of sadness, but was used for 'alienation of the mind troubling reason' short of total alienation called 'furious madnes' or mania, and irrespective of affective state.

OF THE FRENISIE, LETHARGY, APOPLEXY, EPILEPSIA, MADNES AND MELANCHOLIE

Of the frenisie

Ætius saith that it is an inflammacion of the filmes of the braine with an acute fever, causing raging and vexation of the mind. Ther be three kindes of frenisies (as Galen doth witnesse in his fourth Booke *de Locis affectis. cap.* 40.) according to the internal senses, which be three in number, that is imagination, cogitation & memory, which may severally be hurt. Two of those kinds be simple, and the third is compounded of those two. For some be frenetick, which can judge rightly of those things that they see as touching common sense & imagination, and yet in cogitation & fantasy they erre from naturall judgement. Some other being frenetick are not deceived in cogitation and reason, but only in imagination they erre. Ther be other some frentick which do erre both in sense and cogitation (that is) both in imagination & reason, and doe ther with also lose ther memory . . . Those that be frentick have a continuall fever, & be madde, for the most parte they cannot sleepe. Sometime they have troublesome sleepes, so that

they ryse up, & leap, & crie out furiously, they babble wordes without order or sense, being asked a question, they aunswere not directly, or at the least rashly, & that with loud voice, especially if you speake gently to them. Their eyes be bloudshotten and bleared, they rubbe them often, sometime they are drie, and sometime full of sharpe teeres. Their tongue is rough, and bloud will often droppe out at there nose. Moreover they pull motes & flockes from the bedding and clothes about them. Their pulses be small & weak, and somewhat hard and senowy, they fetch ther breath but seeldom. Note that they which have the frenesy, caused of bloud, they laugh in there madnes. But those that be frentick through choler, they rage furiously, so that they can not be ruled without bands, & such do use to forget all things that they doe or say, so that some of them, when they require the chamberpot, doe forthwith forget to make urine, or when they have done it, they remember not to restore the vessell againe. As touching the prognostication of this disease: Galen and all other lerned Phisitions doe confesse that it is most sharpe & most perilous, and in deed uncurable and deadly for the most parte . . .

Let the sicke be kept quiet without moving as much as is possible, if he be riche let servauntes hold him, if poore, bind him, for inordinate moving deminisheth strength . . . Besydes note that you must eschew continuall use of stupefactive medicines aswell inwardly as outwardly also. For in this disease, by overmuch cooling you may turne the frenesy into a litargy, wherby you may cause him to sleepe so, that you can awake him noe more. Also if the patient be weake beware how you minister stupefactive things to provoke slepe, for in such as be weak (as Trallianus saith) somnoriferous potions do noe small hurte, and sometime they kill.

Of the Lethargie

Lethargus . . . is a disease contrary to the frenesy for it causeth sluggishnesse and an inexpugnable desyre of sleeping, some call this disease, in Latin *Veternus*. They that be taken with this disease, do forget al things, wher uppon it hath that name. For *Lethe* in Greeke is forgetfullnes, and *Arges* is slouthfull or dull, so that *Lethargus* is nothing els but a dull oblivion . . . It is caused of fleume, which cooleth the braine overmuch, and moisteneth it, and therby provoketh sleep.

Of Memory lost

The losse of memorie chaunceth sometime alone, and sometimes reason is hurte with it. It is caused in the lethargie and other soporiferous diseases. It commeth to passe also that the soporiferous diseases being ended, ther ensueth forgetfulnes. Which then it chaunceth, then a cold distempur is the cause that the memorie is perished or grievouslie hurt . . . If reason be lost together with the memorie, then the affect is called *Fatuitas* or *stultitia*, (that is) folishnes or doltishnes, and both these do come of one disposition, but that is more vehement wher both are hurte.

Of Carus or Subeth

A disease, in which both sense & moving is altogether taken awaie, and yet ther breathing remaineth safe. The Arabians cal this disease *Subeth.* This disease differeth from the lethargie, for that they will aunswere to a question demanded, that have the lethargie, and do not lye altogether downe. But they that have Carus, are occupied with deep sleepe, and if they be stirred or pricked, although they feele, yet they will say nothing, nor once open their eyes . . . Carus useth to succead other symptomats and accidents. For it cometh often in the fittes of fevers, and in the falling sicknes, and in pressing of the braine, as well when the braine pann is crushed together, as also if the filmes that cover the formost ventricle of the braine, be thrust downe.

Of Congelation or Taking

Catoche or *Catalepsis* in Greeke . . . The newe wryters in phisick do call it *Congelatio,* in English it maie be called Congelation or taking. It is a sodaine detention & taking both of mind and body, both sense and moving being lost, the sicke remaining in the same figure of bodie wherin he was taken, whither he sit or lye, or stand, or whither his eyes be open or shut. This disease is a meane betwene the lethargie and the frenesy, for it cometh of a melancholy humour for the most parte, as shalbe declared afterward . . . This evill differeth from *Carus* (as Galen saith) for that in it the eye liddes are ever shut, but in this disease they somtime remaine open.

Of dead sleep

Coma in Greeke, *sopor* . . . It may be called in Englishe dead sleepe. It is a disease wherin the sicke cannot awake, nor keep open his eyes, but doth keepe his eyes continually closse shut, and is in a sound sleepe. But ther be two kindes hereof, the one wherof we have alredy spoken, and that is called simply *Coma* or *sopor,* or els *Coma somnolentum.* The other is called *Vigilans sopor,* and it is an evill wherin the sick cannot hold open his eyes, though he be awake, but he winketh in hope to get sleepe, and yet is altogether awake. Therefor you must make a difference between these two kinds.

Of the Apoplexy

Apoplexia . . . is a disease wherin the fountaine and originall of all the senewes being affected, every part of the body doth sodainly loose both moving and sense. Or it is a depryving both of sense and moving through out the whole body coming sodainly with let and hurt of all voluntary functions. If this stopping of the brain come in on halfe of the body only then it is called *Paralysis* in Greeke: in English the palsey.

Of the falling sicknes

Epilepsia . . . is a convulsion, drawing, and stretching of all the whole partes of the body, not continually, but that which chaunceth at sundrie times, with hurt of the mind and sense, it is so called bycause it attachethe both the sense and feeling of the head, & also of the mind. The Latines call this disease, *Morbus comitialis* . . . Ther goeth before this evill an unwyse state of the body and mind, saddenesse, forgetfullnes, troublesome dreames, ache of the head, and continuall fullnesse in it, especially in anger, palenes of the face, inordinate moving of the tongue, & many do byte it. Assone as this evill taketh them, the sicke fall downe, and they are plucked up together, they snort, and somtime they crye out; many do tremble, and turn round about. But the peculiar signe of this disease is foming at the mouth. This disease chaunceth most to children. Galen saith, that if it taketh any parson after 25. yeares of age, he shall have it till he dye.

Of Madnes

Mania in Greeke is a disease which the Latines do call *Insania* and *furor*. That is madnes and furiousnes. They that have this disease be wood and unruly like wild beastes. It differeth from the frenesie, because in that there is a fever. But *Mania* commeth without a feaver. It is caused of much bloud, flowing up to the braine, sometime the bloud is temperate, and sometime only the aboundance of it doth hurt, sometime of sharpe and hote cholericke humours, or of a hote distempure of the braine. There goeth before madnes debility of the head, tinckling of the eares, & shinings come before there eies, great watchings, thoughtes, and straunge thinges approach his mind, and heavines with trembling of the head. If time proceed, ther is raised in them a ravenous appetite, and a readines to bodily lust, the eyes waxe hollow, and he do nether wincke nor becken. But madnes caused of bloud only, there followeth continuall laughing, there commeth before the sight (as the sicke thinketh) things to laugh at. But when choler is mixed with bloud, then the pricking and fervent moving in the braine maketh them irefull, moving, angry and bold. But if the choler do waxe grosse and doth pricke and pull the brain and his other members, it make them wood, wild, and furious, and therefore they are worst to cure.

Of Melancholie

Melancholie is an alienation of the mind troubling reason, and waxing foolish, so that one is almost beside him self. It commeth without a fever, and is chiefly engendred of melancholie occupying the mind, and changing the temperature of it . . . The most common signes be fearfulnes, sadnes, hatred, and also they that be melancholious, have straunge imaginations, for some think them selves brute beastes, & do counterfaite the voice and noise, some think themselves vessels of earth, or earthen pottes, therfore they withdrawe themselves from them that they meet, lest they should

knocke together. Moreover they desire death, and do verie often behight and determine to kill them selves, and some feare that they should be killed. Many of them do alwayes laugh, and many do weep, some thinck them selves inspired with the holie Ghost, and do prophecy uppon thinges to come . . .

Let the sicke use wyne that is white, thinne, and not very old, and let them eschewe wine that is thick and black, let there exercises be meane, let them ryde or walke by places pleasant and greene, or use sailing on water. Also a bath of sweet water with a moist dyet let the sicke use often as one of his remedies, sleep is wonderfull good for them, as also moderate carnall copulation. Let them be mery as much as may be, and heare musicall instruments and singing. But when the whole body abound with melancholike bloud, it is best to begin the cure with letting of bloud, & you must cut the lyver vaine of the arme. But when the melancholike blood occupieth only the braine, the sicke needeth no bloud letting, unlesse there be very much bloud, and therfore let the sick use often bathinges, and moist dyet of good juyce, which is without windines, and let them use delectations of the mind, and let them be cured by these without any stronger remedies, but if the disease hath endured long, it requireth sundrie medicines that be strong. Therfore whether the melancholiousnes be caused through vice of the whole body (as is said, the bloud being first drawen out) or through the only evill affect of the braine, you must minister medicines that will purge downward . . . Last of all the sicke must labour that the false and wicked imaginacions, and great sadnes may be driven away by al meanes that can be invented.

THOMAS COGAN (?1545–1607)

MB Oxon, physician, High Master of Manchester Grammar School

The haven of health: chiefely gathered for the comfort of students, and consequently of all those that have a care of their health, 1584 *London, Norton* pp. 12-3, 15-20

Realising that in 'the arte of Physicke' that part is 'more excellent which preserveth health and preventeth sicknes' Cogan, schoolmaster and physician, wrote this early guide to student health. The chapter on 'exercise of the minde . . . without hinderance of our health' – mental hygiene – shows that students from ancient times have been prone to become 'melancholicke', that is liable to mental breakdown.

STUDIE OR EXERCISE OF THE MINDE WITHOUT HINDERANCE OF HEALTH

As man doeth consist of two partes, that is of bodie, and soule, so exercise is of two sortes, that is to say of the bodie and of the minde. Hitherto I have spoken of exercise of the bodie, nowe I will entreat of exercise of the minde, which is Studie: that is (as Hugo de Sancto victore defineth it,) *A constant and intelligent employment of thought, either striving to unravel something involved or searching to find out what is hidden.* This kinde of exercise (as Tullie writeth) is the naturall nourishment of the minde and wit, for so he sayth, *The consideration and contemplation of nature is like a natural food of our minds and intellects, and for an educated and learned man to think is to live.* And likewise, *So great is our inborn love of knowledge and learning that no one can doubt that man's nature is led to those pursuits by the attraction of great gain.* Which thing may well be perceived even in litle children: for as soone as they have gotten strength to goe of themselves, they are as busie as bees, and they devise a thousande toies to be occupied in, Which motions no doubt proceede from the minde. For (as Tullie sayth) *The activity of the mind is never still.* Idlenesse therefore is not onely against nature, but also dulleth the minde, as Ovid woorthily writeth: *In addition the mind grows dull when harmed by long inactivity, and its ability is much less than it was before. Unless the fertile field is renewed by constant ploughing, it will bear no grass except mixed with thorns.*

Wherefore notable is that counsell of Isocrates *ad Demonicum, try to make your body love exercise, and your mind love study; for the strength of the body is naturally increased by moderate exercise, but that of the mind by serious studies . . .*

Diligent studentes . . . must applie themselves earnestlie to reading and meditation for the space of an houre: then to remitte a litle their cogitation, and in the meane time with an Ivorie combe to kembe their heade from the foreheade backewardes about fourtie times, and to rubbe their teeth with a course linnen cloth. Then to returne againe to meditation for two houres or one at the least, so continuing, but alwaies with some intermission, untill towarde noone. And sometimes two houres after noone, though seldome . . . As for the residue of the day [it] is convenient rather to revolve thinges reade before, than to reade or muse of newe. Alwaies remembred that everie houre once at the least wee remit a litle while the earnest consideration of the minde: neither should wee meditate anie longer than we have pleasure therein. For all wearinesse is hurtfull to health, wearinesse of the bodie is evill, but wearinesse of the minde is woorse: and wearinesse of both woorst of all. For contrarie motions draweth as it were a man in sunder and destroyeth life. But nothing is more hurtfull than studying in the night. For while the Sunne shineth over us, through the power thereof the pores of the bodie are opened, and the humours and spirites are drawen from the inner partes outwarde. And contrariwise, after the sunne setteth the bodie is closed uppe, and naturall heate fortified within. Wherefore to watch and to be occupied in minde or bodie in the day time, is agreeable to the motions of the humours and spirites: but to watch and studie in the night, is to strive against nature, and by contrarie motions to impaire both the bodie and minde. Againe by continuall operation of the ayre opening the pores, there followeth exhalation and consumption of the vitall spirites, whereby the stomacke is greatly weakened, and requireth a renewing and repayring of the Spirites: which may best be doone in the night season when naturall heate returneth from without to the inwarde partes. Wherefore whosoever at that time shall beginne long and difficult contemplation, shall of force drawe the spirites from the stomacke to the heade, and so leave the stomacke destitute: whereby the head shall be filled with vapours, and the meate in the stomacke for want of heate, shall be undigested or corrupted. Well therefore sayth Erasmus, *Work by night is considered far the most dangerous* . . .

And if it happen that we be cloyed with studie, then must wee fall to recreation and use some honest play or pastime, yet so as Tullie prescribeth, *Sport and pleasure may be indulged in, but only, like sleep and other relaxation, after we have sufficiently carried out our serious and important business. And the actual type of pleasure must not be dissolute or excessive, but noble and elegant.* Whereof we have a notable example in Valerius Maximus, of Scevola that learned lawyer, who being wearied with lawe matters, was woont to recreate his minde with Tenise play, and therein is said to have excelled. Yet sometimes he played at Dice, and Tables, when he had beene long busied in well ordering the lawes of the Citizens, and ceremonies of the goddes . . . But of recreation of the bodie I have spoken sufficiently before, and nowe I will speake somewhat of recreation of the

minde. For there bee some pastimes that exercise the minde onely as dise, tables, cardes, and such like, which because they are accounted unhonest games, and forbidden even by heathen writers, as by the sage Cato in his morall preceptes, I will omitte them: and if any student will use them he shall not doe it (on my authority) . . . Musicke is to be learned, not onely for solace and recreation, but also because it mooveth men to vertue & good maners, & prevaileth greatly to wisedome, quietnes of minde and contemplation. But what kind of Musicke everie student should use, I referre that to their owne inclination.



The diſcouerie
of witchcraft,
Wherein the lewde dealing of witches
and witchmongers is notablie detected, the
knauerie of coniurors, the impietie of inchan-
tors, the follie of ſoothſaiers, the impudent falſ-
hood of couſenors, the infidelitie of atheiſts,
the peſtilent practiſes of Pythoniſts, the
curioſitie of figurecaſters, the va-
nitie of dreamers, the beggar-
lie art of Alcu-
myſtrie,
The abhomination of idolatrie, the hor-
rible art of poiſoning, the vertue and power of
naturall magike, and all the conueiances
of Legierdemaine and iuggling are deciphered
and many other things opened, which
haue long lien hidden, howbeit
verie neceſſarie to
be knowne.

Heerevnto is added a treatiſe vpon the
nature and ſubſtance of ſpirits and diuels,
&c: all latelie written
by Reginald Scot.
Eſquire.

1. Iohn 4, 1.

Beleeue not euerie ſpirit, but trie the ſpirits, whether they are
of God; for manie falſe prophets are gone
out into the world, &c.

1584

FIG. 7 Title-page of Reginald Scot's *The discoverie of witchcraft*, 1584.

REGINALD SCOT (?1538–1599)

Esquire of Kent, Justice of the Peace, Member of Parliament

The discoverie of witchcraft, 1584 *London, Brome* pp. [xi-xiii], 52-7

As Justice of the Peace in a country district Scot was repeatedly confronted with cases of supposed witchcraft. Careful observation convinced him that the accused and often the accusers – witches, witchmongers and bewitched – were not demoniacally possessed but mentally ill, and with great courage and insight far in advance of his age (anteceded only by Johann Weyer's *De praestigiis daemonum*, 1563 on the Continent) he said so in this book. As observation and inductive reasoning still counted for little he strengthened his case by arguing that a belief in witchcraft was alike 'contrarie to reason, scripture and nature'. Scot's enlightened humanitarianism was at the same time a major psychiatric advance because he identified a large group of the insane who were eventually rescued from theological speculation and legal prosecution, and brought within the field of the natural sciences as proper objects for philosophical, that is medical and psychological study.

But traditional attitudes survived and trials and convictions of witches continued, the greatest number of executions taking place at the turn of the sixteenth and again in the middle of the seventeenth centuries. 'My greatest adversaries' wrote Scot, as almost all innovators in all ages might, 'are yoong ignorance and old custome'. By strange coincidence the last witch was hanged in England in 1684, the centenary of his book. By then interest in witchcraft was rapidly waning but was officially only brought to a close in 1736 with an Act to repeal the Witchcraft Acts (see FIG. 65). In addition to enlarging the field of psychiatry Scot made the observation that self-accusations and confessions even when voluntarily made may be 'false and impossible', that is delusional – a fact of great medico-legal importance.

NOT WITCHCRAFT BUT MELANCHOLIE

To the right worshipfull Sir Thomas Scot Knight, &c.

Sir, I see among other malefactors manie poore old women convented before you for working of miracles, other wise called witchcraft, and therefore I thought you also a meet person to whom I might commend my booke . . . I therefore (at this time) doo onelie desire you to consider of my report, concerning the evidence that is commonlie brought before you against them. See first whether the evidence be not frivolous, & whether the proofs brought against them be not incredible, consisting of ghesses, presumptions, & impossibilities contrarie to reason, scripture, and nature.

See also what persons complaine upon them, whether they be not of the basest, the unwisest, & most faithles kind of people. Also may it please you to waie what accusations and crimes they laie to their charge, namelie: She was at my house of late, she would have had a pot of milke, she departed in a chase bicause she had it not, she railed, she curssed, she mumbled and whispered, and finallie she said she would be even with me: and soone after my child, my cow, my sow, or my pullet died, or was strangelie taken . . .

Note also how easilie they may be brought to confesse that which they never did, nor lieth in the power of man to doo: and then see whether I have cause to write as I doo. Further, if you shall see that infidelitie, poperie, and manie other manifest heresies be backed and shouldered, and their professors animated and hartened, by yeelding to creatures such infinit power as is wrested out of God's hand, and attributed to witches: finallie, if you shall perceive that I have faithfullie and trulie delivered and set downe the condition and state of the witch, and also of the witch-monger, and have confuted by reason and lawe, and by the word of God it selfe, all mine adversaries objections and arguments: then let me have your countenance against them that maliciouslie oppose themselves against me.

How melancholie abuseth old women, and of the effects thereof by sundrie examples

If anie man advisedlie marke their words, actions, cogitations, and gestures, he shall perceive that melancholie abounding in their head, and occupieng their braine, hath deprived or rather depraved their judgements, and all their senses: I meane not of coosening witches, but of poore melancholike women, which are themselves deceived. For you shall understand, that the force which melancholie hath, and the effects that it worketh in the bodie of a man, or rather of a woman, are almost incredible. For as some of these melancholike persons imagine, they are witches and by witchcraft can worke woonders, and doo what they list: so doo other, troubled with this disease, imagine manie strange, incredible, and impossible things . . . But if they may imagine, that they can transforme their owne bodies, which neverthelesse remaineth in the former shape: how much more credible is it, that they may falselie suppose they can hurt and infeeble other mens bodies; or which is lesse, hinder the comming of butter? &c. But what is it that they will not imagine, and consequentlie confesse that they can doo; speciallie being so earnestlie persuaded thereunto, so sorelie tormented, so craftilie examined, with such promises of favour, as wherby they imagine, that they shall ever after live in great credit & welth? &c.

If you read the executions doone upon witches, either in times past in other countries, or latelie in this land; you shall see such impossibilities confessed, as none, having his right wits, will beleeve. Among other like confessions, we read that there was a witch confessed at the time of hir

death or execution, that she had raised all the tempests, and procured all the frosts and hard weather that happened in the winter 1565: and that manie grave and wise men beleeved hir.

That voluntarie confessions may be untrulie made, to the undooing of the confessors, and of the strange operation of melancholie, prooved by a familiar and late example

But that it may appeere, that even voluntarie confession (in this case) may be untrulie made, though it tend to the destruction of the confessor; and that melancholie may moove imaginations to that effect: I will cite a notable instance concerning this matter, the parties themselves being yet alive, and dwelling in the parish of *Sellenge* in *Kent*, and the matter not long sithence in this sort performed.

One *Ade Davie*, the wife of *Simon Davie*, husbandman, being reputed a right honest bodie, and being of good parentage, grew suddenlie (as hir husband informed mee, and as it is well knowne in these parts) to be somewhat pensive and more sad than in times past. Which thing though it greeved him, yet he was loth to make it so appeere, as either his wife might be troubled or discontented therewith, or his neighbours informed thereof; least ill husbandrie should be laid to his charge (which in these quarters is much abhorred). But when she grew from pensivenes, to some perturbation of mind; so as hir accustomed rest began in the night season to be withdrawne from hir, through sighing and secret lamentation; and that, not without teares, hee could not but demand the cause of hir conceipt and extraordinarie moorning. But although at that time she covered the same, acknowledging nothing to be amisse with hir: soone after notwithstanding she fell downe before him on hir knees, desiring him to forgive hir, for she had greevouslie offended (as she said) both God & him. Hir poore husband being abashed at this hir behaviour, comforted hir, as he could; asking hir the cause of hir trouble & greefe: who told him, that she had, contrarie to Gods lawe, & to the offense of all good christians, to the injurie of him, & speciallie to the losse of hir owne soule, bargained and given hir soule to the divell, to be delivered unto him within short space. Whereunto hir husband answered, saieng; Wife, be of good cheere, this thy bargaine is void and of none effect: for thou hast sold that which is none of thine to sell; sith it belongeth to Christ, who hath bought it, and deerelie paid for it, even with his bloud, which he shed upon the crosse; so as the divell hath no interest in thee. After this, with like submission, teares, and penitence, she said unto him; Oh husband, I have yet committed another fault, and doone you more injurie: for I have bewitched you and your children. Be content (quoth he) by the grace of God, Jesus Christ shall unwitch us: for none evill can happen to them that feare God.

And (as trulie as the Lord liveth) this was the tenor of his words unto me, which I knowe is true, as proceeding from unfeigned lips, and from

one that feareth God. Now when the time approached that the divell should come, and take possession of the woman, according to his bargaine, he watched and praied earnestlie, and caused his wife to read psalmes and praiers for mercie at Gods hands: and suddenlie about midnight, there was a great rumbling beelowe under his chamber windowe, which amazed them exceedinglie. For they conceived, that the divell was beelowe, though he had no power to come up, bicause of their fervent praiers.

He that noteth this womans first and second confession, freelie and voluntarilie made, how everie thing concurred that might serve to adde credit thereunto, and yeeld matter for hir condemnation, would not thinke, but that if *Bodin* were foreman of hir inquest, he would crie; Guiltie: & would hasten execution upon hir; who would have said as much before any judge in the world, if she had beene examined; and have confessed no lesse, if she had beene arraigned therupon. But God knoweth, she was innocent of anie these crimes: howbeit she was brought lowe and pressed downe with the weight of this humor, so as both hir rest and sleepe were taken awaie from hir; & hir fansies troubled and disquieted with despaire, and such other cogitations as grew by occasion thereof. And yet I beleeve, if any mishap had insued to hir husband, or his children; few witch-mongers would have judged otherwise, but that she had bewitched them. And she (for hir part) so constantlie persuaded hir selfe to be a witch, that she judged hir selfe worthie of death; insomuch as being reteined in hir chamber, she sawe not anie one carrieng a faggot to the fier, but she would saie it was to make a fier to burne hir for witcherie. But God knoweth she had bewitched none, neither insued there anie hurt unto anie, by hir imagination, but unto hir selfe.

And as for the rumbling, it was by occasion of a sheepe, which was flawed, and hoong by the wals, so as a dog came and devoured it; whereby grew the noise which I before mentioned: and she being now recovered, remaineth a right honest woman, far from such impietie, and shamed of hir imaginations, which she perceiveth to have growne through melancholie.

TIMOTHY BRIGHT (?1551–1615)

MD Cantab., physician to St Bartholomew's Hospital London, 1585-91; subsequently Anglican priest; inventor of modern shorthand

A treatise of melancholie, 1586 *London, Vautrollier* (pp. [xxii]+284) pp. [iii, v-vi], 1-2, 90, 93-4, 112, 187-90

This was the first treatise by an English physician on mental illness and being addressed to men 'not ignorant of good letters' was intended as a scientific contribution. That such a work was needed is shown by the fact that a second corrected edition was issued by Windet within six months of the first, followed by an unchanged third in 1613. Burton (1621) in the most famous book on melancholy quoted it more frequently than any other English source.

Bright distinguished two kinds of melancholy: the first where 'the perill is not of body' but 'proceedeth from the mindes apprehension' requiring 'cure of the minde' that is psychotherapy. The second 'being not moved by any adversity present or imminent' in which the melancholy humour 'deluding the organicall actions, abuseth the minde' needed physical treatment, since 'if either humor, or excrement should have part in moving affections, no counsel of philosophy, nor precept of wise men were comparable to calme these raging passions, unto the purging potions of Physitians, & in this case the Elleborans of Anticera; the Colocynthis of Spaine, and the Rhubarb of Alexandria, above all the schools of Divinitie or Philosophy'.

This concept of two types of melancholy is similar to present-day classification of depression into reactive where the patient knows what depresses him although he cannot throw it off, and endogenous where no precipitating psychological cause is evident and which for this reason is sometimes presumed to be caused by some organic or biochemical disturbance. Bright made the distinction partly on clinical grounds but also to meet the theological contention that mind equated with immortal soul was incorruptible and not susceptible of disease. There was no objection to allowing the body to produce 'Perturbations and afflictions of the minde', but where this was not so he attributed 'the mindes apprehension' to the 'heavy hande of God upon the afflicted conscience' – expressed in modern terms depression and anxiety due to guilt feelings.

MELANCHOLY AND THE CONSCIENCE OF SINNE

Of all other practise of phisick, that parte most commendeth the excellency of the noble facultie, which not only releeveth the bodily infirmity, but after a sort even also correcteth the infirmities of the mind . . . The dayly experience of phrensies, madnesse, lunasies, and melancholy cured by . . . art in that kinde, hath caused some to judge more basely of the soule, then

A

TREATISE OF MELANCHOLIE.

CONTAINING THE CAVSES thereof, & reaſons of the ſtrange effects it worketh in our minds and bodies: with the phiſicke cure, and ſpirituall conſolation for ſuch as haue thereto adioyned an afflicted conſcience.

The difference betwixt it, and melancholie with diuerſe philoſophicall diſcourſes touching actions, and affections of ſoule, ſpirit, and body: the particulars whereof are to be ſeene before the booke.

By T. Bright Doctor of Phiſicke.



Imprinted at London by Thomas Vautrollier, dwelling in the Black-Friers. 1586.

FIG. 8 Title-page of Timothy Bright's *Treatise of melancholie*, 1586.

melancholy. Cap.30.pag.173.

How melancholie altereth the naturall workes of the bodie: iuice, and excrement. Cap.31.pag.178.

Of the affliction of conſcience for ſinne. Cap.32.pag.184.

Whether the afflicted conſcience be of melancholie. Cap.33.pag.187.

The particular difference betwixt melancholie, and the afflicted conſcience in the ſame perſon. Cap.34. pag.193.

The affliction of minde, to what perſons it befalleth, and by what meanes. Cap.35.pag.198.

A conſolation to the afflicted conſcience. Cap.36.pag.207.

The cure of melancholie, & how melancholicke perſons are to order them ſelues in actions of mind, ſenſe, and motion. Cap.37.pag.242.

How melancholicke perſons are to order thē ſelues in their affections. Cap.38.pag.249.

** iiij

FIG. 9 A page from 'The Contentes' of the same.

agreeth with pietie or nature, & have accompted all maner affection thereof, to be subject to the phisicians hand, not considering herein any thing divine, and above the ordinarie events, and naturall course of thinges: but have esteemed the vertues them selves, yea religion, no other thing but as the body hath ben tempered, and on the other side, vice, prophanenesse, & neglect of religion and honestie, to have bene nought else but a fault of humour. For correcting the judgement of such as so greatly mislike the matter, and partly for the use of many that may neede instruction and counsel, in the state of melancholy, & affection of braine and hart, & wold have both to satisfie their owne doubts, and to answer the prophane objections of others, I have taken this paines to confute the absurde errour of the one, & to satisfie the reasonable and modest inquiry of the other that seek to be enformed. I have layd open howe the bodie, and corporall things affect the soule, & how the body is affected of it againe: what the difference is betwixt natural melancholie, and that heavy hande of God upon the afflicted conscience, tormented with remorse of sinne, & feare of his judgement.

Howe diverslie the word Melancholie is taken

It signifieth in all, either a certayne fearefull disposition of the mind altered from reason, or else an humour of the body, commonly taken to be the

only cause of reason by feare in such sort depraved. This humour is of two sorts: naturall, or unnaturall . . . these two according to the diversitie of setling, do ingender diversitie of passions, & according therunto do diverslie affect the understanding, & do alter the affection, especially if by corruption of nature or evill custome of manners the partie be over passionate.

Whether perturbations, which are not moved by outward occasions rise of humours or not? and how?

We doe see by experience certaine persons which enjoy all the comfortes of this life whatsoever wealth can procure, and whatsoever friendship offereth of kindnes, and whatsoever security may assure them: yet to be overwhelmed with heavines, and dismaide with such feare, as they can neither receive consolation, nor hope of assurance, notwithstanding ther be neither matter of feare, or discontentment, nor yet cause of daunger, but contrarily of great comfort, and gratulation. This passion being not moved by any adversity present or imminent, is attributed to melancholie the grossest part of all the blood, either while it is yet contained in the vaines: or aboundeth in the splene, (ordained to purge the blood of that drosse and setling of the humours) surcharged therwith for want of free vent, by reason of obstruction, or any wayes else the passage being let of cleare avoydance. The rather it seemeth to be no lesse, because purgation, opening of a vayne, diet, and other order of cure and medicine, as phisick prescribeth, have bene meanes of chaunging this disposition, and mitigation of those sorrowes, and quieting of such feares, as melancholie persons have fancied to themselves, & have as it seemeth restored both wit and courage. . . .

Of all partes of the body, in ech perturbation, two are chiefly affected: first the brayne, that both apprehendeth the offensive or pleasaunt object, & judgeth of the same in like sort, and communicateth it with the harte, which is the second part affected: these being troubled carie with them all the rest of the partes into a simpathy, they of all the rest being in respect of affection of most importance. The humours then to worke these effectes, which approch nigh to naturall perturbations grounded upon just occasion, of necessity, alter either brayne or hart . . . if both partes be overcharged of humour, the apprehension & affection both are corrupted, and misse of their right action, and so all thinges mistaken, ingender that confused spirite, and those stormes of outragious love, hatred, hope or feare, wherewith bodies so passionate are here and there, tossed with disquiet . . .

The mad man, of what kinde soever he be of, as truly concludeth of that which fantasie ministreth of conceit, as the wisest: onely therein lieth the abuse and defect, that the organicall parts which are ordained embassadours, & notaries unto the mind in these cases, falsifie the report, and

deliver corrupt recordes. This is to be helped, as it shall be declared more at large hereafter, by counsell only sincerely ministred, which is free from the corruptions of those officers, and delivereth truth unto the mind, wherby it putteth in practise contrary to these importunate and furious sollicitors.

Whether the conscience of sinne and the affliction thereof be melancholy or not

By that hath bene before declared it may easily appeare the affliction of soule through conscience of sinne is quite another thing then melancholy: but yet to the end it may lie most cleare, I wil lay them together, so shall their distinct natures thus compared bewray the error of some, and the prophanes of othersome, who either accompt the cause naturall, melancholy, or madnes, or else having some farther insighte, with a Stoicall prophanes of Atheisme, skoffe at that kinde of affliction, against which they themselves labour to shut up their hard heartes . . . let them consider that this is a sorrow and feare upon cause, & that the greatest cause that worketh misery unto man: the other contrarily a meere fancy & hath no ground of true and just object, but is only raised upon disorder of humour in the fancy, and rashly delivered to the heart, which upon naturall credulity faireth in passion, as if that were in deede wherof the fancy giveth a false larume. In this the body standeth oft times in firme state of health, perfect in complexion, and perfect in shape, & al symmetrie of his partes, the humors in quantitie and quality not exceeding nor wanting their naturall proportion. In the other, the complexion is depraved, obstructions hinder the free course of spirits & humors, the blood is over grosse, thick, & impure, & nature so disordered, that diverse melancholicke persons have judged themselves some earthie pitchers, othersome cockes, other some to have wanted their heades &c, as if they had bin transported by the evill quality of the humor into straunge natures: here the senses are oft times perfect both outward & inward, the imagination sound, the heart well compact & resolute, & this excepted, want no courage. In the other, the inward sense and outward to feebled, the fancy overtaken with gastly fumes of melancholy, and the whole force of the spirite closed up in the dungion of melancholy darkenes, imagineth all darke, blacke and full of feare, their heartes are either overtender and rare, & so easily admitte the passion, or over closse of nature serve more easily to imprison, the cheare-full spirites the causes of comforte to the rest of the bodie: whereby they are not in one respect only fainte harted, and full of discourage: but everie smal occasion, yea though none be, they are driven with tide of that humour to feare, even in the middest of security. Here it first proceedeth from the mindes apprehension: there from the humour, which deluding the organicall actions, abuseth the minde, and draweth it into erronious judgement, through false testimony of the outward reporte. Here no medicine, no purgation, no cordiall, no tryacle or balme are able to assure the afflicted soule and trembling heart, now panting under the terrors of

God: there in melancholy the vayne opened, neesing powder or bearefoote ministred, cordialls of pearle, Saphires, and rubies, with such like, recomforte the heart throwne downe, & appaled with fantasticall feare. In this affliction, the perill is not of body, and corporall actions, or decay of servile, and temporall uses, but of the whole nature soule and body cut of from the life of God, and from the sweet influence of his favour, the fountaine of all happines and eternall felicity. Finally if they be deligently compared in cause, in effect, in quality, in whatsoever respect these unreverent and prophane persons list to match them, they shall appeare of diverse nature, never to be coupled in one felowship.

Transcript of document illustrated in Fig. 10 *opposite* ☛

Bridewell & Bedlem London

Theis are to certefye your honours and worshippes to whom it shall appertaine that one John Saye a younge man distraucted of his wittes, the fourthe daye of Februarye 1588 was brought into Bedlem aforesaide beinge a place apointed for the keepinge of such lunatick persons as he was, and there kepte untill the Seaventh daye of maye 1589, duringe which time Mr. Fraunces Nycolle of Hardwick in the countye of Northampton gentleman, did paye unto the keeper of Bedlem all such charges and other dueties as grewe & were due unto him by reason of the dyettinge and keepinge of the said John Saye in Bedlem aforesaide as by the keepers booke of Bedlem at large it dothe and maie apeare

In witnes wher of we whos names are hereunder subscribed, beinge governors of Bridewell and Bedlem aforesaide have to this presentes sett our handes and seales, geoben the First daye of Februarye 1591

By us governors there

Roger warfild thresurer — by me Rowlland sleford keeper there

Symon Bowemay, John morris, Wyllyam horne } Surveyers

Subscribed and sealed by the governors above named in the presence of me Henry Forster Clarke of Bridewell & Bedlem aforesaide.

BETHLEM HOSPITAL

CHARGES FOR A BEDLAMITE, 1591

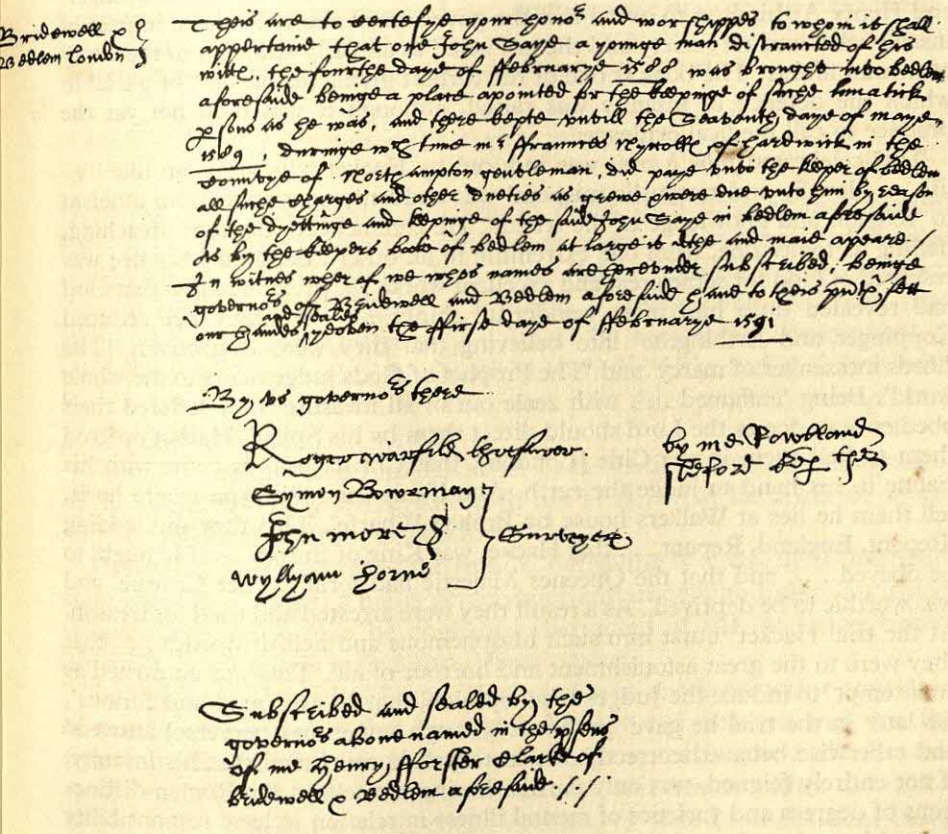


FIG. 10 Document signed by the treasurer, three governors and the keeper of Bethlem Hospital acknowledging receipt of payment of charges for keeping a lunatic, 1591 (*Bedford Record Office*, Trevor-Wingfield MS 8/1/10).

RICHARD COSIN (?1549–1597)

MA, LLD Cantab., Master in Chancery, Dean of the Arches, Vicar-General of Canterbury, Member of Parliament

Conspiracie, for pretended reformation: viz. presbyteriall discipline, 1592
London, Barker pp. 73-6, 78, 80-1

Cosin's account of the 'conspiracie' of William Hacket, Edmund Coppinger, and Henry Arthington to overthrow the government shows how the impact of insane behaviour on society and the law acted as an early stimulus to the study of mental illness. The book is one of the earliest giving an account of a trial in which the defence of insanity was raised, although it was then not yet the practice to call medical evidence.

This celebrated *folie à trois* was induced by Hacket who after 'an idle . . . life . . . lewdly and riotouslie mispent' was suddenly converted from atheism to 'religion and knowledge of the trueth'. He commenced itinerant preaching, 'falling as fooles doe, from one extremitie to an other', declared 'that hee was reserved of God for some great and excellent worke . . . pretended also that God had revealed unto him most wonderfull things . . . whereby hee seduced Coppinger and Arthington' into believing that they were respectively 'The Lords messenger of mercy' and 'The Prophet of Gods judgements to the whole world'. Being 'enflamed . . . with zeale out of all measure' they 'offered their obedience to doe as the Lord should direct them by his Spirit'. Hacket ordered them to 'tell them in the Citie [London], that Christ Jesus is come with his Fanne in his hand to judge the earth. And if any man aske you where he is, tell them he lies at Walkers house by Broken Wharfe'. This they did, adding 'Repent, England, Repent . . . that Hacket was King of Europe, and so ought to be obeyed . . . and that the Queenes Majestie had forfaited her Crowne, and was worthie to be deprived'. As a result they were arrested and tried for treason. At the trial Hacket 'burst into such blasphemous and hellish wordes . . . that they were to the great astonishment and horrour of all'. This was construed as an attempt 'to induce the Judges to an opinion, that he was mad and furious', for later in the trial he gave 'pertinent (though sometimes perverse) answers' and otherwise behaved correctly. Cosin therefore concluded that his insanity, if not entirely feigned, was only partial. Basing himself on the Roman distinctions of degrees and varieties of mental illness in relation to legal responsibility quoted here, he affirmed that in such doubtful cases 'we are not . . . so much to respect the event, and what is done, as with what purpose'. As their avowed purpose was to overthrow the monarchy and the Established Church, he sought to show that sentence of death on Hacket was not only expedient but legal. Popular opinion was apparently in advance of the law since one of the reasons for Cosin's official apology was to silence 'the calumniations of such as affirme they were mad men'.

Whether and to what extent rational behaviour is consistent with, or excludes the presence of insanity remains a major medico-legal problem. It is important not only for the understanding and classification of mental illness but touches on the fundamental question of what constitutes insanity, and how to define legal responsibility? Can it exist as Cosin's 'insania', the 'partial insanity' of the nineteenth century–a point argued in many trials in which a defence of insanity was raised. Erskine's (1800) famous pleading on behalf of James Hadfield who attempted the life of George III surveyed the medical issues and legal opinions involved, and the McNaughton Rules (1843) standardised the attitude of the law.

To return to this case: Hackett was hanged, his last words to the executioner being 'Ah thou bastards childe, wilt thou hange William Hackett thy king?' The following day 'Coppinger having wilfully abstained from meate . . . seven or eight daies together, died in Bridewell: and Arthington liveth yet in the Counter in Woodstreete, reserved . . . unto sincere and perfite repentance'. Separation of induced from inducer is still the first and often the only necessary treatment for many cases of communicated insanity or *folie à deux*.

INSANITY AS A DEFENCE

In wants of understanding and reason (after such time as men should naturally have them) there are noted divers degrees, that are also of severall consideration, that is to say: *Furor sive Rabies: Dementia sive Amentia: Insania sive Phrenesis: Fatuitas, Stultitia, Lethargia, & Delirium.* And albeit the three first (by sundry writers) be sometimes confounded & taken for one, like as also the fourth is with the fifth, and the sixth with the last: yet . . . they are for the most part thus properly termed and distinguished by the best writers.

Furor . . . an entire and full blindnes or darkening of the understanding of the mind, whereby a man knoweth not at all, what he doeth or sayth, and is englished madnes or woodnes . . .

Dementia . . . A passion of the minde, bereaving it of the light of understanding: Or . . . when a mans perceivance and understanding of all things is taken away, and may be englished distracted of wit, or being beside himselfe. Such one is called also *Mente captus* . . .

Insania is . . . A kind of Inconstancie voide in deede of perfite soundnes of minde, yet such, as that he which hath it can observe and doe the common offices of this life amongs men, in some reasonable and tollerable sorte: such be all they, whome commonly wee terme either franticke, braine-sicke, cracked-witted, cocke-braines, or hare-brained men, being not altogether unapt for civill societies, or voide of understanding, to perceive what they say or doe, or what is saide unto them: albeit they have many strange conceites, toying fansies, and performe sundry, rash, undiscreete, mad, and foolish parts . . .

Fatuitas is the want of wit and understanding, wherewith natural fooles are possessed: But *Stultitia* is that follie which is seene in such, as albeit

they be but simple and grosse witted, yet are not to bee accounted very Idiotes, or Naturals . . .

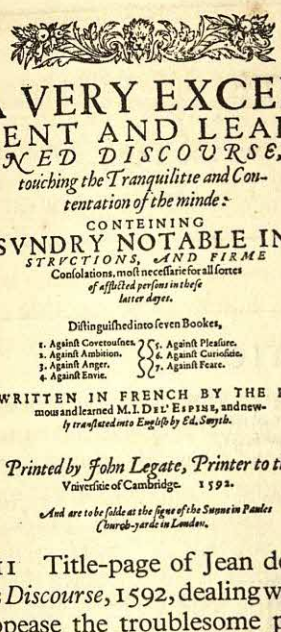
A *Lethargie* is a notable forgetfulnes of all things almost, that heretofore a man hath knowen, or of their names: so that such one often times forgetteth also his owne name, calleth any thing by a wrong name, and beginning to speake, forgetteth what he had saide afore, and what hee meant to say after. This distemperature and weakenes commeth by some blowe, sickenes, or age.

Delirium is that weakenes of conceite and consideration, which we call dotage: when a man, through age or infirmitie, falleth to be a childe againe in discretion: albeit he understand what is said, and can happely speake somwhat pertinently unto sundry matters.

If a man, whiles he is troubled with either of the first two infirmities, shall commit anything, which in his owne nature is criminall, all good lawes doe rather pitie his case, then punish him, albeit, in the rest, it be not absolutely so observed: for . . . we are not in punishing offendors, so much to respect the event, and what is done, as with what purpose, mind, and affection the thing is done. But such as be furious, and distracted of their wits, are intended (whiles that passion lasteth) to have no will, to know or perceave nothing, & therefore not to give consent to any thing they doe, or say. In which respects they are compared in lawe, to men absent, and utterly ignorant of any thing done by themselves, or in their presence.

Nowe then, to examine these three persons by that which hath bene saide: It may be yeelded, that their imaginations, purposes, plots, and designements, respecting the weightines of the end, and weakenes of the meanes, were fantasticall, unadvised, & most fond and unlikely, yet none otherwise then may be also truely saide for the most part of all such fanatical fantastiques, schismatiques, heretiques, or malecontented treasonable conspirators whatsoever. But cannot (truly or with any colour of probabilitie) be affirmed, that any of them were mad, beside themselves, and out of their wits, as not knowing and perceiving what they did or said, or what others said or did unto them.

First concerning Arthington, I have not heard so much as any doubt at all of madnes to have bene made by any man that conversed, or had to deale with him, either in, or after this action. But because Coppinger hath bene supposed by many (after the time of his first examination) to have fallen into starke madnes, let us a litle looke backe, & briefly recapitulate some points, that have bene afore touched concerning him, to see, if any such distraction of mind could also be noted in him, by the carriage of this action, before his apprehension. Yet I doe know, that it hath bene doubted (upon some good ground) by wise men, whether he were in deed mad, even at any time after he was apprehended, as he made shew, or whether it were onely fained by him. For a mad man may, & often times doth, for 2. or 3. daies together, eate no meate, nor happely drinkes not at al . . . But



A VERY EXCEL-
LENT AND LEAR-
NED DISCOURSE,
touching the Tranquilitie and Con-
tentation of the minde:
CONTEINING
SVNDRY NOTABLE IN-
STRVCTIONS, AND FIRME
Consolations, most necessarie for all sortes
of afflicted persons in these
latter dayes.

Distinguished into seven Bookes,

1. Against Covetousnes. } 5. Against Pleasure.
2. Against Ambition. } 6. Against Curiositie.
3. Against Anger. } 7. Against Feare.
4. Against Envie. }

WRITTEN IN FRENCH BY THE FA-
mous and learned M. I. DEL' ESPINE, and new-
ly translated into English by Ed. Smyth.

Printed by John Legate, Printer to the
Vniversitie of Cambridge. 1592.

And are to be solde at the signe of the Sunne in Paules
Church-yarde in London.

FIG. 11 Title-page of Jean de L'Espine's *Discourse*, 1592, dealing with how 'to appease the troublesome passions of the minde' and showing 'that there are no remedies more fit and convenient to heale the diseases of the mind, then words, reasons, arguments, discourses and demonstrations'.

Coppinger is said to have forborne & abstained from meate & drink (though they were offred unto him) by the space of 8. whole daies: whereby he grew so weake, as that it may seeme, he died for want of sustenance. Such resolution or obduration of mind, can hardly so long together remaine with him, that is madde in deed, & knoweth not what he doeth. Howsoever it were after, it is sure, that before their pageant was plaied, (wherein matters prospered not as they expected) the whole course of his speeches, writings, & other dealings were such, as doe argue no defect at all of reason, memorie, wit, or understanding, setting aside the absurditie and follie of the fansie, wherewith he was led . . .

And concerning Hacket (whose terrible blasphemies at the last, doe argue either a villanous dissimulation to have his execution respited, or a desperate intemperancie against God, for frustrating his expectation) there can no furie or madnes bee justly noted in him, by the whole managing of his action, but rather, notable hypocrisie, craft, and dissembled holines . . . When he was tortured, he revoked his treasons, and sorrowfully submitted himselfe, a course which by the extremitie of paine (at the first assaying of it) doth drive a man (being in deed mad) into a far greater rage and impatience then he was before; that till he was tortured, hee would not appeach any other his complices in the treasons; that being not willing to plead directly to his second inditement, he drave of the time with cunning answeres, in deed importing nothing lesse then madnesse: that being in good temper, and (as seemed) well disposed in mind both the night before, and the Wednesday morning, untill he sawe no remedie, but that hee was presently to be executed, he burst not foorth into his horrible blasphemies: and that at the very execution, in his greatest impatience pretended, (albeit his speeches were most villanous agaynst the Queene, and blasphemous towards God) yet he understood what was sayd and done, his wordes had sense, and his prayer was coherent togither, one part with another. None of all which things premissed, can happen or be found in him, that is in deed furious and distracted of his wits, such as the lawes not onely doe pitie, but also spare and protect from all punishment.

JUAN HUARTE

THE DIFFERENCE OF MEN'S WITS, 1594


Examen de Ingenios.

THE EXAMINATION
of mens Wits.

In which,by diſcouering the varietie of natures,
is ſhewed for what profeſſion each one is apt,
and how far he ſhall profit therein.

By Iohn Huarte.

Tranſlated out of the Spaniſh tongue by
M. Camillo Camilli.

Engliſhed out of his Italian, by
R. C. Eſquire.

LONDON,
Printed by Adam Ffſlip, for
Richard Watkins.
1594.

FIG. 12 Title-page of Richard Carew's English translation of the Italian version of Juan Huarte's *The examination of mens wits*, 1594.

First written in Spanish (Baeza 1575) this book was translated into seven languages and reissued seventy times before 1700 and again translated direct from the Spanish by Edward Bellamy as late as 1698 as *The tryal of wits. Discovering the great difference of wits among men, and what sort of learning suits best with each genius* (London, Sare). Huarte set out to show 'cleerely and distinctly' how according to a man's 'temperature' derived from 'the three qualities, hot, moist, and drie, proceed all the differences of mens wits . . . what that nature is which maketh a man able for one science, and uncapable of another . . . how many differences of wittes there are found in mankind . . . what Arts or Sciences doe answer each in particular . . . [and] by what tokens this may be known, which is the thing that most importeth'.

JAMES VI OF SCOTLAND (1566–1625) AND I OF ENGLAND

Daemonologie, in forme of a dialogue, 1597 *Edinburgh, Walde-grave*
pp. 27-31

King James was the only reigning monarch who wrote a book which gave impetus to the development of psychiatry. Alarmed at the growing tendency to explain as natural disease what in his eyes were supernatural manifestations and works of the devil he was 'mooved . . . to preasse . . . so farre as I can, to resolve the doubting harts of many; both that such assaultes of Sathan are most certainly practized, & that the instrumentes thereof, merits most severly to be punished: against the damnable opinions of two principally in our age, whereof the one called called Scot an Englishman, is not ashamed in publike print to deny, that ther can be such a thing as Witch-craft . . . The other called Wierus, a German Phisition . . .' On his accession to the English throne James republished his book in London in 1603 and enforced by law 'what exact trial and severe punishment they merite'. His new Witchcraft Act of 1604 replaced a milder Elizabethan one of 1563 and revived many of the severities of that of 1542 (33 Henry VIII, cap.8). Although James's fervour naturally whipped up enthusiasm for witch-hunting it led paradoxically in the long run to progress. More supposed witches and bewitched, accused and accusers, came before the courts, but were now subjected to closer scrutiny for fear of wrongful conviction in face of the drastic penalties. So much importance came to be attached to the whole issue of witchcraft that apparently for the first time in criminal charges medical evidence was called [see FIG. 18]; and the Church withdrew from the parish priest the right to examine and exorcise supposed witches and transferred it to the diocesan bishop in whom it is still vested (*The Church's Ministry of Healing*, Report of the Archbishops' Commission, London, 1958). In this way James created unprecedented opportunities for careful and prolonged study of individual cases and himself took an active part in the interrogation, supervision and treatment of some [see FIG. 19].

Such detailed investigation of single patients, as always in the history of medicine, led to advance. Growing interest in the phenomenology of mental and nervous illness quickly led to the first book on the subject (see Jorden 1603) and the realisation that mental illness could produce manifestations like those of possession brought in its train new terms like imposture and 'mimical witchery' and to medicine the concept of feigned or simulated insanity as an important differential diagnosis. Next to insanity hysteria became the medical heir to possession and the fact that as a diagnostic term it still retains the implication of nothing very serious if not actually of being 'put on' can be traced to this period. Incidentally it is interesting that James in his eagerness to distin-

guish between possession and insanity ultimately resorted to differences in body build and personality types which remind the modern reader of Kretschmer's leptosomatic and pyknic habitus and of Jung's intro- and extrovert.

THE DESCRIPTION OF SORCERIE AND WITCHCRAFT . . . AND THE REASONES REFUTED OF ALL SUCH AS WOULD CALL IT BUT AN IMAGINATION AND MELANCHOLICQUE HUMOR

PHILOMATHES . . . manie can scarcely beleeve that there is such a thing as Witch-craft. Whose reasons I wil shortely alleage unto you, that ye may satisfie me as well in that, as ye have done in the rest. For first, whereas the Scripture seemes to proove Witch-craft to be, by diverse examples, and speciallie by sundrie of the same, which ye have alleaged, it is thought by some, that these places speakes of Magicians and Necromancers onlie, & not of Witches . . . Secondlie, where ye would oppone the dailie practicque, & confession of so manie, that is thought likewise to be but verie melancholicque imaginations of simple raving creatures. Thirdly, if Witches had such power of Witching of folkes to death, (as they say they have) there had bene none left alive long sence in the world, but they: at the least, no good or godlie person of whatsoever estate, coulde have escaped their devilrie.

EPISTEMON. Your three reasons as I take, ar grounded the first of them *negativè* upon the Scripture: The second *affirmativè* upon Physicke: And the thirde upon the certaine proofe of experience. As to your first, it is most true indeede, that all these wise men of Pharaoh were Magicians of art: As likewise it appeares wel that the Pythonisse, with whom Saul consulted, was of that same profession: & so was Simon Magus. But yee omitted to speake of the Lawe of God, wherein are all Magicians, Divines, Enchanters, Sorcerers, Witches, & whatsoever of that kinde that consultes with the Devill, plainelie prohibited, and alike threatned against. And besides that, she who had the Spirite of Python, in the Actes, whose Spirite was put to silence by the Apostle, coulde be no other thing but a verie Sorcerer or Witch, if yee admit the vulgare distinction, to be in a maner true, whereof I spake in the beginning of our conference. For that spirit whereby she conquested such gaine to her Master, was not at her raising or commanding, as she pleased to appoynt, but spake by her toung, aswel publicklie, as privatelie: Whereby she seemed to draw nearer to the sort of Demoniakes or possessed, if that conjunction betwixt them, had not bene of her owne consent: as it appeared by her, not being tormented therewith: And by her conquesting of such gaine to her masters (as I have alreadie said.) As to your second reason grounded upon Physick, in attributing their confessiones or apprehensiones, to a naturall melancholicque humour: Anie that pleases Physicallie to consider upon the naturall humour of melancholie, according to all the Physicians, that ever

writ thereupon, they sall finde that that will be over short a cloak to cover their knavery with: For as the humor of Melancholie in the selfe is blacke, heavie and terrene, so are the symptomes thereof, in any persones that are subject thereunto, leannes, palenes, desire of solitude: and if they come to the highest degree thereof, mere folie and Manie: where as by the contrarie, a great nomber of them that ever have bene convict or confessors of Witchcraft, as may be presently seene by manie that have at this time confessed: they are by the contrarie, I say, some of them rich and worldly-wise, some of them fatte or corpulent in their bodies, and most part of them altogether given over to the pleasures of the flesh, continual haunting of companie, and all kind of merrines, both lawfull and unlawfull, which are thinges directly contrarie to the symptomes of Melancholie, whereof I spake, and further experience daylie proves how loath they are to confesse without torture, which witnesseth their guiltines, where by the contrary, the Melancholicques never spares to bewray themselves, by their continuall discourses, feeding therby their humor in that which they thinke no crime. As to your third reason, it scarselie merites an answere. For if the devill their master were not bridled, as the scriptures teacheth us, suppose there were no men nor women to be his instrumentes, hee could finde waies inough without anie helpe of others to wrack al mankinde . . . But beside all this, there is over greate a certainty to prove that they are, by the daily experience of the harmes that they do, both to men, and whatsoever thing men possesses, whome God will permit them to be the instrumentes, so to trouble or visite, as in my discourse of that arte, yee shall heare clearelie proved.

ANDRE DU LAURENS (?1560–1609)
[ANDREAS LAURENTIUS]

M D Montpellier, professor of medicine and Chancellor, Montpellier University; physician to Henry IV of France and Marie de Medicis

A discourse of the preservation of the sight: of melancholike diseases; of rheumes, and of old age . . . Translated out of French . . . by Richard Surphlet, practitioner in phisicke, 1599 *London, Jacson* pp. 77-9, 84-6, 100, 103

First published in French, Paris 1597

Between Bright's (1586) *Treatise* and Burton's (1621) *Anatomy* came Du Laurens's famous and comprehensive *Discourse of . . . melancholike diseases,* from which three passages are chosen. In the first he reviewed critically the old dispute between Greek and Arabian physicians about the functions of the brain, in particular whether the 'three famous faculties [reason, memory and imagination] . . . be in all the braine equally, and alike' or whether 'every one of them should have his severall chamber'. This question was revived in the early nineteenth century when Gall and Spurzheim attempted to place cerebral localisation on a scientific basis in their 'phrenological system' and their work became the starting point of modern investigations into brain functions when Charles Bell (1811; 1826) and F. Magendie (1822) demonstrated that motor and sensory nerves were distinct and originated in different centres in the brain. The second extract is a concise sketch of the four temperaments or personality types recognised by ancient medicine; the third the story of a successful stratagem devised to remove a fixed delusion which was widely quoted well into the nineteenth century and inspired many similar attempts at what may be termed strategic psychotherapy.

THE LODGINGS OF THE THREE FAMOUS FACULTIES

See here the mind of man attended by these three famous faculties, the imagination, reason, and memorie, all which three are lodged in one selfe-same palace, and within this round towre, which we call the head: but whether this fall out to be in all the braine equally, and alike, or that every one of them should have his severall chamber, it is not fully resolved upon. I know very well that there is a great quarell betwixt the Greeke and Arabian Phisitions, about the lodgings of these three princesses, & that no man hitherto hath bin able to reconcile them. The Greekes would lodge them in everie part of the braine; the Arabians quarter out every of them by it selfe. The Greekes maintaine that in all places where the reason is, that there the imagination and memorie doe accompanie it, and that al the three are as much before as behind: finally, that they be al of them in all and every part of the braine . . . On the contrary the Arabians will have,

that every one of these faculties enjoy his proper seate: and they have very goodly reasons for that which they holde. First, it is very certaine, that there are diverse pettie chambers in the braine, which the Anatomists call Ventricles, these chambers are not for nothing, yea and there is no man that can thinke, that they were made for any other use, then to be lodgings for these three faculties: and that, as though the imagination should be lodged in the two first, Reason in the middlemost, and Memorie in the hindermost: and the appearance of the truth of this thing is very great . . .

Philosophers that have written of Phisiognomie, say that such as have the hinder part of the head hanging out much, have a good memorie; that such as have large and high foreheads, and therewithall as it were bossed, are of pleasant imagination: and that such as in whom these two eminences are wanting, are blockish, without imagination and without memorie. If we will (saith Aristotle in his Problemes) enter into any serious and deepe conceit, we knit the browes and draw them up: if we would call to mind and remember any thing, wee hang downe the head, and rub the hinder part, which sheweth very well that the imagination lieth before, and the memorie behinde . . . Finally, that which hath made the Arabians to stand so stiffelie in their opinion, and to maintaine that these three faculties, have every one their severall lodging, is because they have oftentimes observed, that one of these three may be hurt, and not the other; the imagination is very oft corrupted, the reason standing sound and intier: and contrariewise, how many franticke and melancholike men be there, which discourse very excellently, notwithstanding their foolish and vaine imaginations.

THE FOUR TEMPERAMENTS

All such as wee call melancholike men, are not infected with this miserable passion which wee call melancholie: there are melancholike constitutions, which keep within the bounds and limits of health, which if we credit ancient writers, are very large and wide. We must therefore for the orderly handling of this matter, set downe all the sorts and differences of melancholike persons, to the end that the likenes of names may not trouble us in the sequele of this discourse. It is a thing most freely agreed upon in Phisike, that there are foure humours in our bodies, Blood, Phlegme, Choler, and Melancholie; and that all these are to bee found at all times, in every age, and at all seasons to be mixed and mingled together within the veines, though not alike much of every one . . . if blood doe abound, we call such a complexion, sanguine; if phlegme, phlegmatike; if choler, cholerike; and if melanchole, melancholike. These foure humours, if they doe not too much abound, may very easily stand with the health of the partie: for they doe not sensibly hurt and hinder the actions of the bodie. It is most true that every constitution bringeth forth his different effects, which make the actions of the soule more quicke and lively, or more dull and dead. Phlegmatic persons are for the most part blockish and lubberlike, having a slow judgement, and all the noblest powers of the minde, as it

were asleepe, because the substance of their braine is too thicke, and the spirits laboured therein too grosse: these are no fit men for the undergoing of weightie affaires, neither apt to conceive of profound mysteries; a bed and a pot full of pottage is fitted for them. The sanguine persons are borne for to be sociable and lovers of companie: they are as it were alwaies in love, they love to laugh and bee pleasant: this is the best complexion for health and long life, because that it hath the two maine pillars of life, which are naturall heate and moysture in greatest measure, and yet such folke are not the fittest for great exployts, nor yet for high and hard attempts, because they bee impatient, and cannot be long in doing about one thing, being for the most part drawne away, either by their sences, or els by their delights, whereto they are naturally addicted. Cholerike persons being hote and drie, have a quicke understanding, abounding with many sleight inventions: for they seldome sound any deepe and hidden secrets, it fitteth not their fist to graple with such businesses as require continuance of time and paines of the bodie, they cannot be at leisure; their bodies and spirits doe let them: their spirits are soone spent by reason of their thinnesse, and their weake bodies cannot indure much watching. I will adde also that one thing which Aristotle mentioneth in his Ethickes, as that they love change of things, and for this cause are not so fit for consultations of great importance. The melancholike are accounted as most fit to undertake matters of weightie charge and high attempt. Aristotle in his Problemes sayth, that the melancholike are most wittie and ingenious . . . and when this humour groweth hot, by the vapours of blood, it causeth as it were, a kinde of divine ravishment, commonly called Enthousiasma, which stirreth men up to plaie the Philosophers, Poets, and also to prophesie.

HISTORIES OF CERTAINE MELANCHOLIKE PERSONS, WHICH HAVE HAD STRANGE IMAGINATIONS

The pleasantest dotage that ever I read, was of one Sienois a Gentleman, who had resolved with himselfe not to pisse, but to dye rather, and that because he imagined, that when he first pissed, all his towne would be drowned. The Phisitions shewing him, that all his bodie, and ten thousand more such as his, were not able to containe so much as might drowne the least house in the towne, could not change his minde from this foolish imagination. In the end they seeing his obstinacie, and in what danger he put his life, found out a pleasant invention. They caused the next house to be set on fire, & all the bells in the town to ring, they perswaded diverse servants to crie, to the fire, to the fire, & therewithall send of those of the best account in the town, to crave helpe, and shew the Gentleman that there is but one way to save the towne, and that it was, that he should pisse quickelie and quench the fire. Then this sillie melancholike man which abstained from pissing for feare of loosing his towne, taking it for graunted, that it was now in great hazard, pissed and emptied his bladder of all that was in it, and was himselfe by that means preserved.

SEVENTEENTH CENTURY

JOHN DOWNAME (?–1652)

BD Cantab., puritan divine of London

Spiritual physicke to cure the diseases of the soule, arising from superfluitie of choller, prescribed out of Gods word, 1600 *London, Jones* pp. 3, 51-3, 59-60, 77-81

A second edition published as *A treatise of anger*, 1609

In Downame's time medical practice was almost confined to physical disease or to physical treatment of mental disease, while 'spiritual physicke' or psychotherapy was the province of the clergy. Taking as his example anger, 'a short madnesse', Downame described how he dealt with patients. 'The first means . . . is to use silence' has a very modern – Freudian – ring; and not to meet anger with anger because 'crosse speeches and perverse replies, make the chollericke man proceede from anger to rage . . . and madnesse' became the essence and guiding principle of the new enlightened policy towards the insane in asylums when at the end of the eighteenth century the Quakers founded the York Retreat. That Downame had much experience of mental patients is shown by his observation on 'unjust anger' which 'hath not alwayes a true cause, but sometime fained & imaginary' – a fair description of what is called today a paranoid reaction. His medical friends apparently recognised the value of his work since they urged him to publish: 'my prescript I thought at the first should have beene communicated to no more then mine own patients, till I was perswaded by more skilfull Physitions then my selfe, that the publishing thereof might redound to others profit'.

SPIRITUAL PHYSICKE: PSYCHOTHERAPY

Our English word anger is derived from the latin word *Angor*, which either signifieth throtling & choking, or vexation & griefe, because anger worketh both these effects if it be immoderat: for it stops the throate leaving no passage for words, and it vexeth and tormenteth both the body and the minde.

And so much for the name: now we wil speake of the definition. First I say it is an affection: for the whole essence of a man consisteth of these 3. things, body, soule, and affections, which doe participate of both the other: now anger cannot be said to be a qualitie or propertie of the soule alone, for the materiall cause thereof is the boyling of the bloud about the hart, nor of the body alone, for the formall cause, namely the appetite and desire of revenge stirred up by the apprehension of the injurie offered, doth more properly belong to the soule, and therefore I call it a mixt affection proceeding from them both . . .

And so much for the evils which anger bringeth to the whole man: now wee are to speake of the evils which it bringeth to his severall parts, and first of his body . . . it maketh the haire to stand on end, shewing the obdurate inflexiblenesse of the minde. The eyes to stare and candle, as though with the Cockatrice they would kill with their lookes. The teeth to gnash like a furious Bore. The face now red, and soone after pale, as if either it blushed for shame of the mindes follie, or envyed others good. The tongue to stammer, as being not able to expresse the rage of the hart. The bloud ready to burst out of the vaines, as though it were affraide to stay in so furious a body. The brest to swell, as being not large enough to containe their anger, and therefore seeketh to ease it selfe, by sending out hot-breathing sighes. The hands to beate the tables and walles, which never offended them. The joyntes to tremble and shake, as if they were afraide of the mindes furie. The feete to stampe the guiltlesse earth, as though there were not room enough for it in the whole element of the aire, and therefore sought entrance into the earth also. So that anger deformeth the body from the hayre of the head to the soale of the foote . . .

But anger bringeth no lesse evils to the soule. First like a darke cloude it overshadoweth and blindeth the light of reason, and for the time maketh men as though they were distraught of their wits. Whereof it is that anger is called *Brevis furor*, a short madnesse, because it differs not from madnesse but in time. Saving that herein it is farre worse, in that hee who is possessed with madnesse, is necessarilie, will he, nill he, subject to that furie: but this passion is entered into wittinglie and willinglye. Madnesse is the evill of punishment, but anger the evill of sinne also; madnes as it were thrusts reason from its imperiall throne, but anger abuseth reason by forcing it with all violence to bee a slave to passion.

The remedies of unjust anger

The remedies against Anger are of two sorts: first those which cure anger in our selves, secondly those which cure it in others; and they both are of two kindes: first such as prevent anger and preserve us from falling into it, secondly such as free us from it after it hath taken place. For anger is a disease of the minde.

The remedies to cure anger in others

The first meanes to mitigate anger in another, is to use silence: for as the fire cannot long continue if the wood be taken from it, so anger cannot long indure, if words and crosse answeres be not multiplyed: wheras on the other side, crosse speeches and perverse replies, make the chollericke man proceed from anger to rage, from folly, to fury and madnesse . . . By silent yeelding therfore thou mayest easely abate anothers anger, wheras crosse answeres make it ragingly violent. For as the Cannon shot looseth his force if it light in soft earth or Wool, but dasheth the stony wal in

A TREATISE OF ANGER.

VVherein is ſhewed the lawfull, laudable, and neceſſarie vſe of iuſt and holy Anger, and what is required thereunto.

AND AFTERWARDS IS DECLARED, what corrupt and vniuſt Anger is, the kindes, cauſes, effects, and properties thereof, together with the *preſernatiues and remedies, whereby* it may be eyther preuented, or cured and expelled.

By IOHN DOVVNAME Batchelar in Diuinitie, and Preacher of Gods Word.

PROV. 16. 32.

Hee that is ſlow to Anger is better then the mightie man: and hee that ruleth his owne minde, is better then hee that winneth a Citie.

LONDON:
Printed by *T. E.* for *William Welby*, dwelling in Paules-Church-yard at the ſigne of the Grayhound.
1609.

FIG. 13 Title-page of *A treatise of anger*, 1609, the second edition of *Spiritual physicke*, 1600 with identical text.

peeces: so the violence of the most furious anger is abated, when it is not resisted, but furiously rageth, where it findeth any opposition. And hence it is that Plato calleth anger *Nervos animi, qui & intenderentur acerbitate, & laxarentur mansuetudine:* The nerves or sinewes of the minde, which are intended and made stiffe, with sharpnesse & bitternesse, but slacke and easie, with curtesie and gentlenesse . . .

But silence is not alwayes expedient, especially when men have a just cause, and an honest excuse: for oftentimes the angry man will imagine, that silence argueth contempt; as though they were silent because they scorned to returne an answer. And therefore the second remedy, namely a soft and milde answere, eyther excusing their faulte by shewing their innocencie, or in all humblenesse, confessing it, and craving pardon, is more fit physick to cure anger in some natures and dispositions . . .

The last meanes is after his anger is overpast to geve him wholesome counsayle and good admonitions, wherby he may be taught the great evils which follow anger. For as it is not fit to minister Physicke to a sicke patient while he is in a fit of ague, and therefore discreete Physitions rather

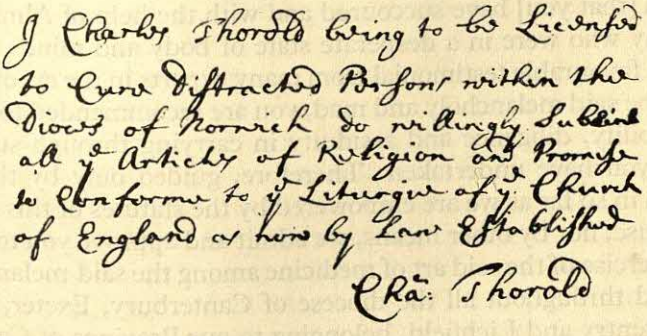
make choise of their patients good day: so it is in vayne for a man to seeke the curing of anger by good counsaile, unlesse he stay till the fit be passed over, and the heate of anger somewhat asswaged. For a man cannot, nor will not hearken to another mans reasons, while he is subject to his owne passions. And as a man heareth nothing almost which is sayd when his house is on fire, for the noyse of the multitude, the crackling of the flame, and the perturbation of his owne minde so the violence of this affection, and fury of this passion, doth make a man while he is in a fit of rage, deafe to all reason . . .

But they who admonish are to remember, that they use al mildenesse and discretion in their admonition, least while they go about to prevent anger for the time to come, they presently provoke it. For if they bee too austere and rough in using too insolent invectives and bitter reprehensions, they do not onely commit them selves a great absurdity, while in reproving anger they shew their owne spleene; but also make their admonition altogeather unprofitable . . . For as no man will suffer his wound to be searched by such a surgeon, as hath a rough hand, & a hard hart, neyther will any patient commit himselfe to the cure of a froward and mercilesse Physition: so no man can abide (and therefore much lesse an angry man) to have his gauled faults, too much rubbed, or the woundes and diseases of his minde, healed and cured, with too sharpe a corrasive and lothsome potion of insolent and bitter wordes. They therefore who will angerly reprove anger, are no fit Physitions for them who are subject to this passion. For to such they will eyther hide and dissemble their imperfections, rather fayning themselves well, then they will discover their disease to such a crabbed Physition; or els they will justifie, and defend them as lawfull and necessarie . . . In a word the angry man wil never cry *peccavi*, unlesse afterwardes with some confidence he may adde *miserere* neyther will he suffer his wounds to be cured by such an one, who by his rough handling will more vex him, then pleasure him by the cure.

'LICENCE GRANTED TO JOHN FREEMAN TO PRACTISE THE ART OF MEDICINE ON THE MELANCHOLY AND MAD', 1600

Translated from the Latin of *Archbishop Whitgift's Register* (3), folio 122, *Lambeth Palace Library* (MS)

In the sixteenth century there were four groups of established medical practitioners: graduate physicians, members of the Barber-Surgeons Company, members of the Society of Apothecaries, and in addition practitioners licensed by the diocesan bishop. This last group was instituted by an Act of Parliament 1511 (3 Henry VIII) designed to raise the standard of 'the science and connyng' of the 'grete multitude of ignoraunt persones' who practised 'Physyke and Surgerie' among the poor to 'the grevous hurte damage and distruccion of many of the Kyng's liege people'. It empowered bishops to grant a licence to a suitable candidate after an *ad hoc* examination by a panel of established physicians and surgeons on payment of a fee and subscription to the Thirty-Nine Articles. 'Specialist' licences were apparently also granted under this Act as the one translated here to one John Freeman of Sittingbourne, Kent, to practise 'on the melancholy and mad' (see FIG. 15). It shows how surprisingly early psychiatry was recognised as something of a specialty, a status it shared at that time only with midwifery. The form of subscription of a practitioner 'Licensed to Cure Distracted Persons' in 1706 is shown in FIG. 14. Incidentally the right to grant bishop's licences remained on the statute book until 1948, although it lapsed after the passing of the Medical Act in 1858.


I Charles Thorold being to be Licensed to Cure Distracted Persons within the Diocese of Norwich do willingly Subscribe all ye Articles of Religion and Promise to Conforme to ye Liturgie of ye Church of England as now by Law Established

Chas. Thorold

FIG. 14 Form of subscription to the Articles of the Church of England by Charles Thorold of Norwich 'being to be Licensed to Cure Distracted Persons', May 1706 (*Diocese of Norwich Subscription Book* 12, 1705-12).

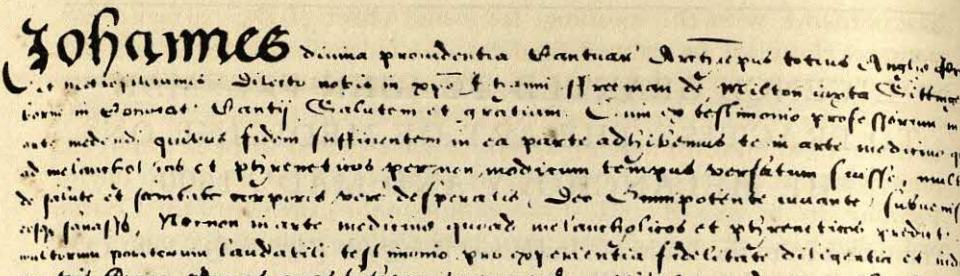


FIG. 15 Licence to practice on the 'melancholy and mad' granted by the Archbishop of Canterbury, 1600 (*Lambeth Palace Library*, Whitgift's Register (3) folio 122).

John by divine providence Archbishop of Canterbury, Primate and Metropolitan of all England: to our beloved in Christ John Freeman of Milton by Sittingbourne in the County of Kent, greeting and affection. Since from the testimony of professors in the art of healing whom we employ for this purpose as being trustworthy [it appears] that you have been engaged in the practice of medicine among the melancholy and mad for a considerable period and [that you] have succoured and with the help of Almighty God cured many who were in a desperate state of body and mind: moreover, that in this favourable testimonial from many experts in the art of medicine touching the said melancholy and mad, you are recommended for practical skill, reliability, diligence and assiduity in carrying through successfully the cures you have undertaken: Therefore, guided only by the reasons stated, and in so far as we are empowered by the statutes of this realm and not otherwise, nor by other means, we admit and approve you to the practice and exercise of the said art of medicine among the said melancholy and mad in and throughout all the diocese of Canterbury, Exeter, Bath and Wells, Coventry and Lichfield, belonging to our Province of Canterbury: And after you have taken the oath to acknowledge the supreme royal power in matters ecclesiastical and temporal and to renounce, disclaim and oppose all and every foreign jurisdiction, power, authority and superiority,

in accordance with the meaning, form and effect of the parliamentary statute of this glorious realm of England, enacted and provided to this end, we freely grant and bestow upon you, by means of the present letters, so long as you conduct yourself well and creditably, our Licence and Faculty to this intent. In testimony of which we have caused to be set unto the present letters the seal we use for this purpose. Given the tenth day of February in the year of our Lord according to the calender of the Church of England, one thousand six hundred, and in the eighteenth year of our Translation [to the See of Canterbury].

THOMAS WRIGHT (1561–1623)

Jesuit priest

The passions of the minde, 1601 *London, Burre* (pp. [viii]+336)
pp. 236-48

This book of which a fifth edition appeared in 1630 reflects in the field of psychology the growing spirit of independent enquiry and observation of the early seventeenth century. Instead of the customary speculative theorising Wright chose the unusual course of propounding 'some prettie curious Questions' in order to further the study of mind and the body-mind relation. Among these were problems of neurophysiology and psychology which have occupied researchers ever since, and from which may be singled out phantom limb phenomena, cerebral localisation, faculty psychology, conditioning of habits and learning by rote.

SOME PRETTIE CURIOUS QUESTIONS

I coulde propound above a hundreth questions about the soule and the bodie, which partely are disputed of by Divines, partely by naturall and morall Philosophers, partely by Physitians, all which, I am of opinion, are so abstruse and hidden, that they might be defended as Problemes, and either part of contradiction alike impugned . . . How, by punishing the flesh, or hurting the body, the soule feeleth paine, and is afflicted . . . When an arme or a legge is cut off, by chance, from the bodie, what becommeth of the soul which informed that part . . . What dependence hath our understanding uppon the imagination. How a corporall imagination concurre to a spirituall conceit. What is apprehension and conceiving? What judgement and affirming. What discourse and inferring. How these three differ, what is their object. How apprehend wee so many things together without confusion . . . What is a vitall acte of understanding . . . What is a habite. How ingendred. How augmented? How diminished and corrupted. In what faculties of our soules habites principally allodge. Whether the acte, or habite, be more perfite . . . What is conscience. Whence-from proceedeth remorce . . . How we understand, discourse and dispute in dreames . . . What shoulde bee the reason why some be more apt for understanding than others . . . Why great wittes have ill memories, and good memories be not of profound conceit. Why some mens wittes be excellent in speculations, but very simple in practize, other rare in action, and dull in speculation. How we remember. In what parte of the braine

resideth the formes fit for memorie. How they be subordinated to our will. How we forget. How wee conceive things in dreames we never see nor heard of before. What helpeth and hindereth memorie, and by what manner. Why doth memorie fayle in old men. Whether memorie be a facultie distinguished from our understanding or no. Whether artificial memory impeacheth naturall memorie, or no. How commeth it to passe, that a man can be able to recite a long Oration, from the beginning to the end, without confusion. How can one recite a psalme from the beginning to the ending, and yet shalbe scarce able to prosecute one verse, if you give him it in the middest, except he beginne againe. How can possibly be conserved, without confusion, such an infinite number of formes in the soule, as we see Learned men and Artificers retaine? in what tables are they painted? in what Glasses are they to be seene? . . . How, when we would remember can we single a Flie from the university of beasts, foules, and fish? howe a Violet from the infinite varietie of flowers, hearbes and trees? . . . How the will commandeth the toe or finger to moove, and presently they obey; the maner, or meane . . . How doe humours of the bodie stirre up passions. Or, why do passions engender corporall humors. After what maner are passions stirred up. How they blinde reason. Howe they cease and fall away by themselves . . . What is our fantasie or imagination. Where it resideth, & howe it receveth and keepeth those forms and figures which sence ministred unto it. How our understanding maketh it represent unto it what it pleaseth. How our wit can cause it conceive such objects as sense never could present unto it.

WILLIAM GILBERT (and others)

CERTIFICAT TOUCHING LUNACIE, 1601

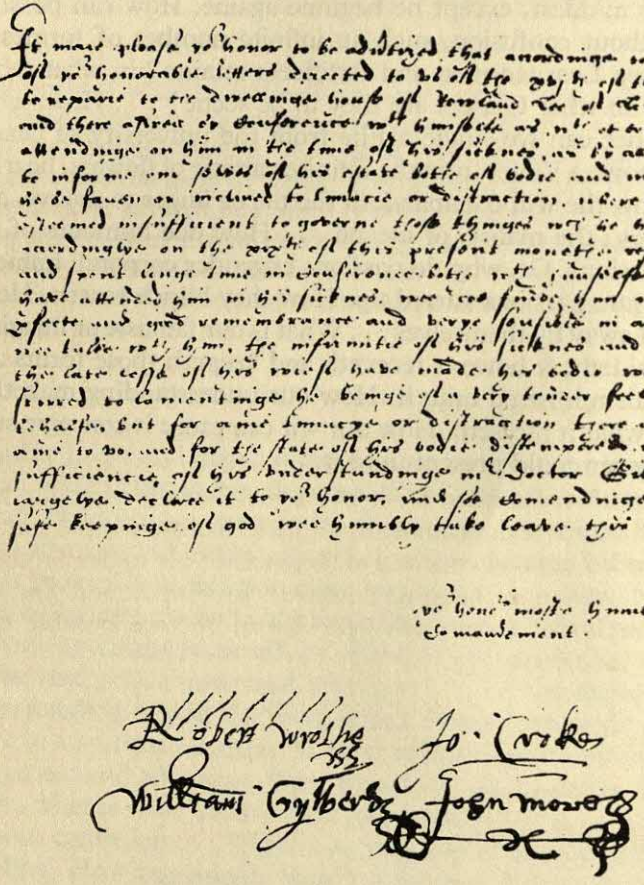


FIG. 16 Report to Sir Robert Cecil, Secretary of State 'touching the Lunacie of Rowland Lee' merchant of London, 1601, signed among others by William Gilbert (1540-1603), MD Cantab., Fellow and President of the College of Physicians, physician to Queen Elizabeth and James I, author of the classic *De magnete*, 1600, showing that great physicians acted also as psychiatric experts (*Hatfield House*, Cecil Papers 86:114).

Transcript of document illustrated in Fig. 16 *opposite*

Certificat touching the Lunacie of Rowland Lee 20 June 1601

To the Righte honorable Sir Robert Cecill

Knighte Principall Secretarie to her majestie.

It maie please your honor to be advertized that accordinge to the Contents of your honorable letters directed to us of the xvjth of this present June to repaire to the dwellinge house of Rowland Lee of London merchante and there aswell by conference with himselfe as with others that have ben attendinge on him in the time of his sicknes, as by all other good meanes to informe our selves of his estate bothe of bodie and mynde, and whether he be fallen or inclined to lunacie or distraction, whereby he maie be esteemed insufficient to governe those thinges which he hathe, wee have accordinglye on the xixth of this present monethe repaired to his house and spent longe time in Conference both with himselfe and suche as have attended him in his sicknes, wee doe finde him in his minde of perfecte and good remembrance and verye sensible in anie thinge whereof wee talke with him, the infirmitie of his sicknes and other greefes by the late losse of his wief have made his bodie weake and easelye stirred to lamentinge he beinge of a very tender feelinge in that behalfe, but for anie lunacye or distraction there appearethe not anie to us, and for the state of his bodie distempered with sicknes and sufficiencie of his understandinge mr doctor Gilbert will more largelye declare it to your honor, and soe commendinge your honor to the safe keepinge of god we humbly take leave this xxth of June 1601.

Your honors moste humblye at comandement

Robert Wrothe Jo. Croke

William Gylberde John Morell

WILLIAM PERKINS (1558–1602)

MA Cantab., fellow of Christ's College, Cambridge; theological writer

A discourse of the damned art of witchcraft; so farre forth as it is revealed in the scriptures, and manifest by true experience. Framed and delivered by M. William Perkins, in his ordinarie course of preaching, and now published by Tho. Pickering Batchelour of divinitie, and minister of Finchingfield in Essex, 1608 *Cambridge, Legge* pp. 190-4

Like many treatises on witchcraft this book contains much of psychiatric interest. Perkins divided 'the devill's wonders' into 'two sorts . . . either of the outward senses, or of the minde', and his descriptions are easily recognised as those of the two leading psychiatric symptoms, today called hallucinations and delusions: 'An illusion of the outward senses, is a worke of the devil, wherby he makes a man to thinke that he heareth, seeth, feeleth or toucheth such things as indeede he doth not . . . The second kind of illusion, is of the minde, whereby the devill deceives the minde, and makes a man thinke that of himselfe which is not true'. Perkins' list of things which could only be the work of the devil amounts to a phenomenology of mental illness and in this light his statement that 'Witches through Europe, are of like cariage and behaviour' may be read in the sense of the observation usually attributed to Kraepelin in the twentieth century that mental illness is much the same wherever it occurs. In the same vein Perkins discussed partial insanity in terms of partial possession and denied its admissibility as a defence in criminal cases.

DEVILS NOT HUMORS

Witches of our times (say they) are aged persons, of weake braines, and troubled with abundance of melancholie, and the devill taketh advauntage of the humor, and so deludes them, perswading that they have made a league with him, when they have not, and consequently mooving them to imagine, that they doe, and may doe strange things, which indeed are done by himselfe, and not by them.

This reason is a meere melancholike conceit, without ground. And the contrarie is a manifest truth, that they are not so, as is affirmed, parties deceived by reason of their humors. For first, our Witches are as wise and politike, yea as craftie and cunning in all other matters, as other men be; whereas brainsicke persons troubled with melancholy, if their understanding be distempered in one action, it will be faultie likewise in others, more or lesse. Againe, our Witches know that they sinne in their practises of Witchcraft, and therefore they use subtill meanes to cover them, and he

that would convict them, must have great dexteritie to goe beyond them. Now if they were persons deluded, through corruption of any humors; looke what humour caused them to doe a thing, the same would urge them to disclose it. Thirdly, they are also of the same stamp, they take the same courses in all their practises, their consent in word and action is universall. Men of learning have observed, that all Witches through Europe, are of like cariage and behaviour in their examinations, and convictions: they use the same answears, refuges, defenses, protestations. In a word, looke what be the practises and courses of the Witches in England, in any of these particulars, the same be the practises of the Witches in Spaine, Fraunce, Italie, Germanie, &c. Wherefore the case is cleare, they are not deluded by Sathan, through the force of humour, as is avouched; for such persons, according as they are diversly taken, would shewe themselves diversly affected, and varie in their speeches, actions, and conceipts, both publike and private. Fourthly, our Witches are wont to communicate their skill to others by tradition, to teach and instruct their children and posteritie, and to initiate them in the grounds and practises of their owne trade, while they live, as may appeare by the confessions recorded in the Courts of all countries. But if they were persons troubled with melancholie, their conceipts would die with them. For conceits, and imaginarie fancies, which rise of any humour, cannot be convayed from partie to partie, no more then the humour it selfe. Lastly, if this sleight might serve to defend Witches under pretence of delusion through corrupted humours, then here were a cover for all manner of sinnes. For example: a fellon is apprehended for robberie or murther, and is brought before the Judge: Upon examination he confesseth the fact, beeing convicted the law proceeds to condemnation. The same mans freinds come in, and alledge before the Judge in this manner; This man hath a crazie braine, and is troubled with melancholy, and though he hath confessed the fact, yet the truth is, it was not he, but the devill, who himselfe committed the murther, and made him thinke he did it, when he did it not, & hereupon he hath confessed. Would any man thinke, that this were a reasonable allegation, and a sufficient meane to moove the Judge to acquite him? Assuredly if it were, upon the same ground might any sinne be laid upon the devills backe, and all good lawes and judiciall proceedings be made voide.

Therefore howsoever the patrons of Witches be learned men, yet they are greatly deceived in fathering the practises of Sorcerie upon a melancholike humour.

EDWARD JORDEN (1569–1632)

MD Padua, FRCP, physician of London and later of Bath

1. *A briefe discourse of a disease called the suffocation of the mother. Written uppon occasion which hath beene of late taken thereby, to suspect possession of an evill spirit, or some such like supernaturall power. Wherin is declared that divers strange actions and passions of the body of man, which in the common opinion, are imputed to the Divell, have their true naturall causes, and do accompanie this disease,* 1603 *London, Windet* ([iv] +25 folios) folios [ii-iv], 1-2, 5-6, 22-16[23]

2. *Marie Glovers late woefull case, together with her joyfull deliverance written upon occasion of Doctor Jordens discourse of the mother, wherein hee covertly taxeth, first the Phisitions which judged her sicknes, a vexation of Sathan and consequently the sentence of lawe and proceedinge against the Witche, who was discovered to be a means thereof . . . by Stephan Bradwell a member of the Coll: of physitions in London,* 1603 *British Museum,* Sloane MS. 831 folios 36-9

Jorden's book appeared within one month of the London edition of King James's *Daemonologie* and was intended to counteract its influence. It was the first book by an English physician which reclaimed the demoniacally possessed for medicine, and as such the first and for long the only one on the signs and symptoms of nervous and mental disorders. Jorden was an acknowledged expert in this field and was called in consultation to many cases of supposed witchcraft even by King James himself as for instance to Anne Gunter [see FIG. 19]. His thesis was that 'divers strange actions and passions of the body . . . have their true naturall causes', and although vulgarly attributed to supernatural agencies were well known to the medical profession under the general diagnosis of 'suffocation of the mother [womb]', that is hysteria, a condition no more mysterious, inexplicable or refractory to treatment than many other diseases. He wrote this book in order to make 'knowne the doctrine of this disease . . . to the end that the unlearned and rash conceits of divers, might therby be brought to better understanding and moderation; who are apt to make every thing a supernaturall work which they do not understand, proportioning the bounds of nature unto their own capacities'.

Jorden was perforce on less sure grounds when he attempted to substitute for witchcraft a 'doctrine' or pathology to explain this undifferentiated medley of mental, nervous and other organic conditions. How to account for instance for such perplexing symptoms as insensibility to pin prick and pain in the absence of motor paralysis – the cardinal sign of a witch – more than two hundred years before Bell (1811) and Magendie (1822) showed that sensation and motion were

A BRIEFE DIS-
COVRSE OF A DIS-
EASE CALLED THE
Suffocation of the
Mother.

Written vppon occaſion which hath beene of late taken thereby, to ſuſpect poſſeſsion of an euill ſpirit, or ſome ſuch like ſupernaturall power.

Wherein is declared that diuers ſtrange actions and paſsions of the body of man, which in *the common opinion, are imputed to the Diuell, haue their true naturall cauſes, and do accompanie this diſeaſe.*

By EDVVARD IORDEN
Doctor in Phyſicke.



LONDON.
Printed by *Iohn Windet*, dwelling at the Signe of *the Croſſe Keyes at Powles Wharfe*. 1603.

FIG. 17 Title-page of Edward Jorden's *A briefe discourse of a disease called the suffocation of the mother*, 1603, the first English book on 'hysteria'.

conveyed by separate pathways, sixty years before Willis (1664) laid the foundation of 'Neurologie' and twenty-five years even before Harvey (1628) published his circulation of the blood? He therefore fell back on the uterus as the malefactor, and in order to explain how symptoms arose in parts and organs distant from the 'mother' he used the ancient doctrine of 'sympathy' or 'communitie and consent', a doctrine which was revived 200 years later in Ferriar's 'conversion of diseases' (1795) and which survives today in 'conversion-hysteria'. Over and above his pathological speculations Jorden realised that 'the perturbations of the minde are oftentimes to blame both for this and many other diseases' and ended his book with a chapter on mental management or nursing entitled 'Of the cure of this disease so much as belongeth to the friends and attendants to performe'.

Thus for better or for worse Jorden introduced into English medicine the ancient concept of hysteria as a disease entity with specific etiology, a sex-linked nervous disorder, the potential imitator of all ills. Its subsequent career forms

an important chapter in the history of psychiatry. It reached its first peak of popularity in the writings of Sydenham (1682) who following Willis (1667) - who had all but equated it with epilepsy – divorced it from uterine pathology and maintained that men suffered similar symptoms. Though often assailed as etiologically nonsensical, clinically unsound and therapeutically obstructive and gradually whittled away as knowledge of organic neurological disease advanced, hysteria as a diagnostic label has survived. In the second half of the nineteenth century *la grande hystérie* was given a new lease of life when Charcot under the impact of mesmerism and hypnotism produced symptoms of 'hysteria' by suggestion. Later Janet and Freud studied hysteria – indeed psychoanalysis was built up on 'classical' cases of hysteria – and replaced the old uterine and ovarian pathology by psycho-sexual disturbances [see Carter 1853]. Today 'hysterical' is used as an epithet rather than a diagnosis applied non-specifically to patients with mild mental or somatic symptoms especially states of altered consciousness and motor or sensory disturbances in the absence of organic pathology.

The immediate reason for Jorden writing this book was the trial in 1602 of Elizabeth Jackson 'an olde Charewoman' who had been indicted before Lord Chief Justice Anderson (1530-1605) at London Sessions for having bewitched a fourteen year old girl Mary Glover, whereby the girl had fallen into 'fittes . . . so fearfull, that all that were about her, supposed that she would dye'. At various times she was rendered 'speechles, & blynde . . . her necke & throat did swell . . . depriving her of speeche . . . the lefte hand, arme & whole side were deprived of feeling & moving . . . her belly . . . shewed . . . certaine movings' and so on. As the fits became more frequent and severe she became difficult and aggressive and developed 'many uncouth novelties, & strange characters'. She was treated by Drs Robert Shereman, FRCP and Thomas Moundeford, Fellow and seven times President of the College of Physicians (translator of Du Laurens' *Discourse of . . . melancholike diseases* from French into Latin, London 1599) 'who ministered unto her the space almost of three moneths . . . but all being prooved in vaine, [they] pronounced . . . that som cause byond naturall was in it'. As the girl had had some harsh words from Elizabeth Jackson before falling ill and her troubles had been aggravated each time she had come in contact with her, suspicion of witchcraft against the old woman arose and she was duly charged, tried and sentenced despite the evidence of Dr John Argent (?1575-1643), Fellow and eight times President of the College of Physicians and later Harvey's particular friend and that of Dr Jorden who both maintained that the girl's fits were 'naturall' [see FIG. 18]. An excerpt of the court proceedings is given here for two reasons. The case is historic because Jorden's evidence is the first verbatim record of an English physician's defence of a witch and probably also was the first occasion on which a psychiatric specialist gave evidence at a criminal trial – not to mention that even then expert medical witnesses were called on both sides and disagreed fundamentally on a psychiatric issue. Further Lord Anderson's remarks from the Bench explain the grounds on which intelligent people held fast to a belief in witchcraft, namely, that a disease the cause of which was not understood and which did not respond to standard remedies must be supernatural. This species of reasoning recurs throughout the history of psychiatry and is sometimes used even today as when it is argued that mental illness which does not respond to psychotherapy must be organic and treated by

physical methods. Such arguments are based on the unwarranted assumption that psychotherapy (and by implication psychopathology) is a fully understood, standardised and scientific procedure which in fact it is as far from being as medical therapeutics and pathology were in Lord Anderson's time.

SUFFOCATION OF THE MOTHER: HYSTERIA

I thought good to make knowne the doctrine of this disease, so farre forth, as may be in a vulgar tongue conveniently disclosed, to the end that the unlearned and rash conceits of divers, might be thereby brought to better understanding and moderation; who are apt to make every thing a supernaturall work which they do not understand, proportioning the bounds of nature unto their own capacities . . . I doe not deny but that God doth in these dayes worke extraordinarily, for the deliverance of his children, and for other endes best knowne unto himselfe; and that among other, there may be both possessions by the Divell, and obsessions and witchcraft, &c. and dispossession also through the Prayers and supplications of his servants, which is the onely meanes left unto us for our reliefe in that case. But such examples being verie rare now adayes, I would in the feare of God advise men to be very circumspect in pronouncing of a possession: both because the impostures be many, and the effects of naturall diseases be strange to such as have not looked throughly into them.

But let us consider a little the signes which some doe shew of a supernaturall power in these examples . . . One of their signes is Insensibilitie, when they doe not feele, being pricked with a pin, or burnt with fire, &c. Is this so strange a spectacle, when in the Palsie, the falling sickenesse, Apoplexis, and diverse other diseases, it is dayly observed? And in these fits of the Mother it is so ordinarie as I never read any Authour writing of this disease who doth not make mention thereof . . . There also you shall find convulsions, contractions, distortions, and such like to be ordinarie Symptoms in this disease. Another signe of a supernaturall power they make to be the due & orderly returning of the fits, when they keepe their just day and houre, which we call periods or circuits. This accident as it is common to diverse other chronicall diseases, as head-aches, gowtes, Epilepsies, Tertians, Quartans, &c. so it is often observed in this disease of the mother as is sufficiently proved in the 2 Chapter. Another argument of theirs is the offence in eating, or drinking, as if the Divell ment to choake them therewith. But this Symptom is also ordinarie in uterin affects, as I shew in the sixt Chapter: and I have at this time a patient troubled in like maner. Another reason of theirs is, the coming of the fits upon the presence of some certaine person. The like I doe shew in the same Chapter, and the reasons of it, from the stirring of the affections of the mind . . .

The passive condition of womankind is subject unto more diseases and of other sortes and natures then men are: and especially in regarde of that part from whence this disease which we speake of doth arise . . . But amongest all the diseases whereunto that sex is obnoxious, there is none

comparable unto this which is called *The Suffocation of the mother*, either for varietie, or for strangenesse of accidents. For what soever straunge accident may appeare in any of the principall functions of mans bodie, either animall, vitall, or naturall, the same is to bee seene in this disease, by reason of the communitie and consent which this part hath with the braine, heart, and liver, the principall seates of these three functions; and the easie passage which it hath unto them by the Vaines, Arteries, and Nerves . . .

But it no marvell though the common people and men also in other faculties verie excellent may bee deceyved by the rareness and straungenesse of these matters, which are hidden out of their Horizon amongest the deepest mysteries of our profession: when as Phisitions themselves . . . If they bee not verie wel exercised in the practise of their profession, are oftentimes deceyved, imagining such manifolde straunge accidents as . . . accompanie this disease . . . to proceede from some metaphysicall power, when in deede . . . they are meerely naturall . . . Hippocrates also long before finding this error to bee helde by some in his time maketh mention of diverse of these Symptoms, and sayeth, that hee doth not see anie thing in them more supernaturall, or more to bee admired, then there is in Tertians, and Quartans, and other kindes of diseases . . . Phisitians of his time did judge otherwise . . . and not knowing what to prescribe would flie unto divine causes, and neglecting naturall meanes for their reliefe, would wholy relie upon expiations, incantations, sacrifices, &c. cloaking their ignoraunce under these shadows, and pretending both more knowledge, and more pietie then other men: by which course they gained this advauntage, that if the patient chanced to recover, they should bee highly renowned for their skill; if not, their excuse was readie that Gods hande was against them.

What this disease is, and by what meanes it causeth such varietie of Symptoms

This disease is called by diverse names amongst our Authors. *Passio Hysterica*, *Suffocatio*, *Præfocatio*, and *Strangulatus uteri*, *Caducus matricis*, &c. In English the Mother, or the Suffocation of the Mother, because most commonly it takes them with choaking in the throat: and it is an affect of the Mother or wombe wherein the principal parts of the bodie by consent do suffer diversly according to the diversitie of the causes and diseases wherewith the matrix is offended . . .

The principall part of the body are the seates of the three faculties, which do governe the whole body. The braine of the animall, the hart of the vitall, the liver of the naturall; although some other parts are plentifully endewed with some of these faculties, as the stomacke, entrailes, vaines, spleene, &c. with naturall faculties, the instruments of respiration with animall and naturall. These parts are affected in this disease, and do suffer in their functions as they are diminished, depraved, or abolished, according to the nature & plenty of the humor, and the temperament and scituation of the

Mother: and that diversly: For somtimes the instruments of respiration alone doe suffer, sometimes the heart alone, sometimes two or three faculties together, sometimes successively one after another, sometimes one part suffereth both a resolution and a convulsion in the same fit, or when as it suffereth in one part and not in another, as we see oftentimes sence and motion to bee taken away and yet hearing and memorie to remaine, the speech failing and respiration good. Sometimes respiration, sence, and motion do altogether faile, and yet the pulse remaine good: So that the varietie of those fits is exceeding great, wherein the principall parts of the body doe diversly suffer. Another diversitie there is, in the order of these fits: for sometimes they keep due periods or circuits yearly or monthly, according to the falling sicknes, and sometime every weeke, sometimes every day &c . . . D. Argent and I had another patient, in whome for 10. weeks together we observed a fit of the mother every saturday. I adde *by consent of the Mother* to distinguish those *Symptoms* or diseases from such as are caused originally by the part affected . . .

The perturbations of the minde are oftentimes to blame both for this and many other diseases. For seeing we are not maisters of our owne affections, wee are like battered Citties without walles, or shippes tossed in the Sea, exposed to all maner of assaults and daungers, even to the overthrow of our owne bodies. We have infinite examples among our Historiographers, and Phisitions of such as have dyed upon joy, griefe, love, feare, shame, and such like perturbations of the minde: and of others that upon the same causes have fallen into grievous diseases: as women delivered of their children before their time, upon feare, anger, griefe, &c., others taken with the Falling sickenesse, Apoplexies, Madnesse, Swounding, Palsies, and diverse such like infirmities upon the like causes. And concerning this disease whereof we doe intreate, Johannes Montanus tels us of a patient of his, who fell into the fits of the Mother uppon jealousie. Forrestus of another, who had her fits whensoever shee was angred: and of another that upon love fell into this disease. My selfe do know a Gentlewoman, who upon the sight of one particular man would alwaies feele an uterin affect: and another that upon feare of being chidden, or seeing another in the fit of the mother, would also fall into it herself.

MARIE GLOVERS LATE WOEFULL CASE

The Phisitions, namely Doctor Hering, and Doctor Spencer, being served by writt (according to the maner of the Court) to appeare that day, and yeelde their opinions, touching Mary Glovers case, resolutely affirme, that they esteemed it a case, which proceeded of som cause supernaturall; having stranger effectes, then either the mother, or any other naturall disease hath ever ben observed to bring forth . . . Dr Spencer argued from the improbabilitie of necessary causes, in so yong a mayde, as also from the disproportioned moving in her belly . . that certainly it did not truly

resemble the mother . . . Against these, stood up Doctor Argent, & Doctor Jordayne, two Phisitions, with a certaine Doctor of Divinitie [Dr. Medowes], men not served with writtes for the Court, as the order is . . . These Phisitions sought earnestly, to make the case a meere naturall disease . . . But above all others, Doctor Jordain earnestly contended with reasons, which when they were delivered, argued not somuch a naturall disease, as som minde rather of dissimulation, & counterfetting, in the afflicted partie: and so it was taken generally, by those that heard him. The rest which they saide, to proove it naturall; were certaine Symptomes which they picked out of her ordinary long fitt, which seemed to have som resemblance with those, that arise from certen affectes of the mother: but to the great difficulties aforesaid objected, they gave no man that we know of, any satisfaction at all. The Lord Anderson, hearing Doctor Jordaine so often insinuat, some feigning, or dissembling fashions in the maide and withall, so much to beat upon these words; *for these causes, I thinck it may be naturall; and these accidents & Symptoms for ought I see, bee naturall*: pressed him to answere directly, whether it were naturall or supernaturall. He said, that in his conscience he thought it was altogeather naturall. What do you call it quoth the Judge? *Passio Hysterica* said the Doctor. Can you cure it? I cannot tell; I will not undertake it, but I thinck fitt tryall should be made thereof. Lord Anderson, Do you thincke

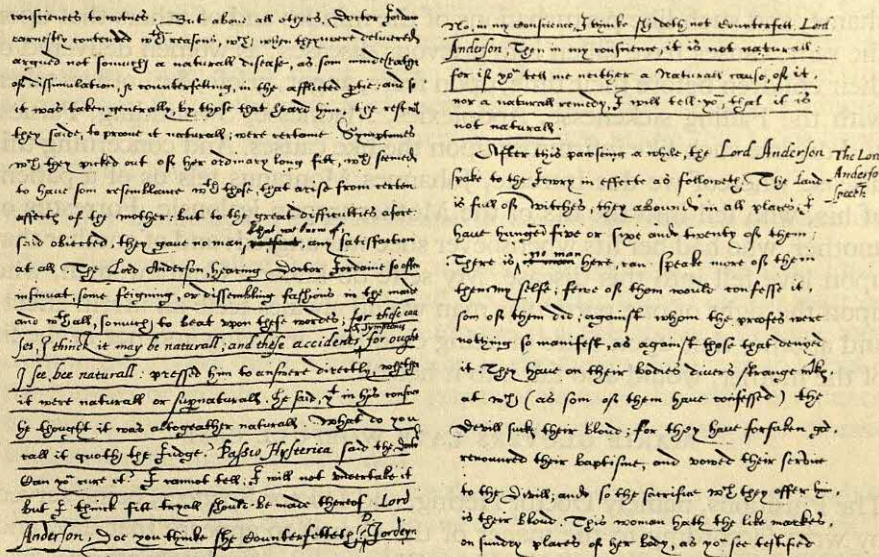


FIG. 18 Dr Edward Jorden's evidence on behalf of Elizabeth Jackson accused of practising witchcraft on Marie Glover in which he stated that the victim's fits and other afflictions were not supernatural but due to 'the hysterical passion' (from Stephan Bradwell's *Marie Glovers late woefull case . . .*, 1603. *BM* Sloane MS. 831, folios 37v and 38r).

she Counterfetteth ? D. Jordeyn, No, in my Conscience, I thinke she doth not Counterfett. Lord Anderson, Then in my Conscience, it is not naturall: for if you tell me neither a Naturall cause, of it, nor a naturall remedy, I will tell you, that it is not naturall.

After this pawseing a while, the Lord Anderson spake to the Jewry in effecte as followeth. The Land is full of Witches; they abounde in all places; I have hanged five or sixe and twenty of them; There is no man here, can speake more of them then my selfe; fewe of them would confesse it, som of them did; against whom the proofes were nothing so manifest, as against those that denyed it. They have on their bodies divers strange markes, at which (as som of them have confessed) the Devill suck their bloud; for they have forsaken god, renounced their baptisme, and vowed their service to the Divill; and so the sacrifice which they offer him, is their bloud. This woman hath the like markes, on sundry places of her body, as you see testified under the handes of the women, that were appointed to serch her . . . Divines, Phisitions, I know they are learned & wise, but to say this is naturall, and tell me neither the cause, nor the Cure of it, I care not for your Judgement: geve me a naturall reason, & a naturall remedy, or a rash for your Phisicke . . . the Jewry . . . returned Elizabeth Jackson, guilty of witchcraft. The sentence was pronounced of a yeeres imprisonment, and fower tymes therein, to stand on the pillory, and confess this her trespasse.

KING JAMES I

EXAMINATION OF A WITCH, 1605

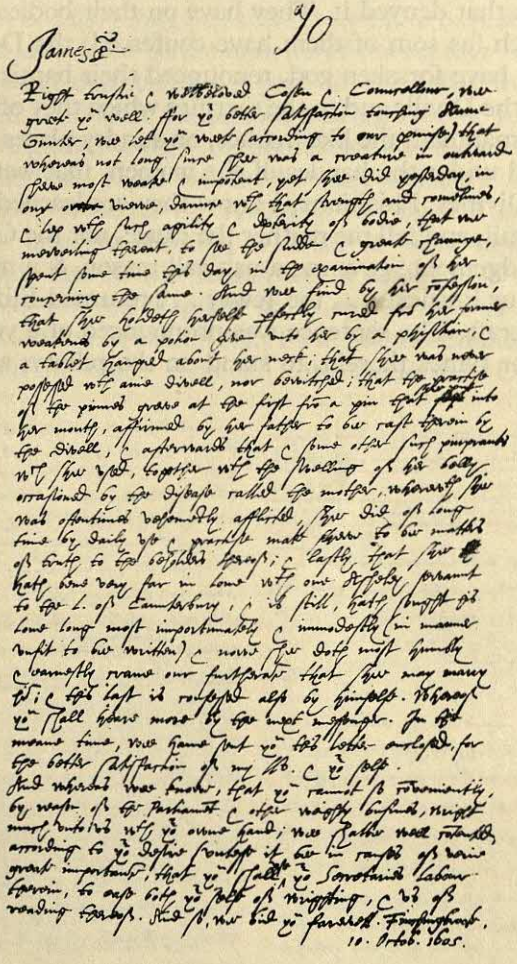


FIG. 19 Letter signed by James I dated October 1605 to 'The Erle of Salisbury; our Principall Secretary of Estate' reporting his investigation of Anne Gunter, a victim of supposed witchcraft – perhaps the only psychiatric report by a King of England (*Hatfield House*, Cecil Papers 134:70).

Anne Gunter was a *cause célèbre*, investigated by the Star Chamber, the Bishop of London and Samuel Harsnett, later Archbishop of York (author of *A declaration of egregious Popish impostures, to with-draw the harts of her Maiesties subiects from their allegeance, and from the truth of Christian religion professed in England, under the pretence of casting out devils*, 1603) and by Dr Edward Jorden as well as by King James himself. She gained the added distinction of being mentioned because of her insensibility to pin-prick and pain by William Harvey in his *Lumleian Lectures*, 1616, in which he first described the circulation of the blood.

☚ *Transcript of document illustrated in Fig.* 19 *opposite*

James Rex

Right trustie & welbeloved Cosen & Councellour, wee greete you well. ffor your better satisfaction touching Anne Gunter, wee let you weet (according to our promise) that whereas not long since shee was a creature in outward shewe most weake & impotent, yet shee did yesterday, in our owne viewe, daunce with that strength and comeliness, & lep with such agility & dexterity of bodie, that wee merveiling thereat, to see the sudden & greate chaunge, spent some time this day in the examination of her concerning the same. And wee find by her confession, that shee holdeth herselfe perfectly cured from her former weakness by a potion given unto her by a phisitian, & a tablet hanged about her neck; that shee was never possessed with anie divell, nor bewitched; that the practise of the pinnes grewe at the first from a pin that shee put into her mouth, affirmed by her father to bee cast therein by the divell, & afterwards that & some other such pinpranks which shee used, together with the swelling of her belly occasioned by the disease called the mother, wherewith shee was oftentimes vehemently afflicted, shee did of long time by daily use & practise make shew to be matters of truth to the beholders thereof; & lastly that shee hath bene very far in love with one Asheley servaunt to the L. of Canterbury, & is still, hath sought his love long most importunately & immodestly (in manner unfit to bee written) & nowe shee doth most humbly & earnestly crave our furtherance that shee may marry him; & this last is confessed also by himselfe. Whereof you shall heare more by the next messenger. In the meane time, wee have sent you this letter enclosed, for the better satisfaction of my Lord & your selfe . . .

Finchingbrooke, 10. Octob. 1605.

FRANCIS BACON, EARL VERULAM, VISCOUNT ST ALBANS (1561–1626)

Lord Chancellor, philosopher

The twoo bookes . . . Of the proficience and advancement of learning, divine and humane, 1605 *London, Tomes* Book 2, folios 35-8, 41-2, 77[84]-74[85]

Bacon refuted the contention which had long impeded study of the sick mind that mental illness was the result either of bodily disease or divine punishment. He suggested four lines of research along which psychiatry has in fact mainly advanced since his time. First, investigation of the mental faculties, their seats, actions and disturbances and the interaction of body and mind, which apart from philosophical studies began in earnest with phrenology in the early nineteenth century; secondly, detailed study of individual cases, the raw material of psychiatry – which appeared in psychiatric literature only at the end of the eighteenth century; thirdly, 'inquirie . . . by Anatomie', by which he meant postmortem examination correlated with clinical findings, which started with Thomas Willis's (1672) 'Neurologie' and became a focal point of psychiatric research after Bayle (1822; 1826) and Calmeil (1826) had succeeded by this method in isolating the first neuropsychiatric clinico-pathological entity, general paralysis of the insane; fourthly, investigation of the interaction between society and the individual, today called social psychiatry. The extracts include Bacon's famous passage on progress in medicine being 'rather in circle, than in progression', since if it is applicable at all today, it is to that branch of it which is psychiatry.

OF KNOWLEDGES THAT RESPECT THE MIND

We come . . . now to that knowledge, whereunto the ancient Oracle directeth us, which is, the knowledge of our selves: which deserveth the more accurate handling, by howe much it toucheth us more neerely . . .

HUMANE PHILOSOPHY or HUMANITIE . . . hath two parts: The one considereth Man segregate, or distributively: The other congregate or in societie. So as HUMANE PHILOSOPHY is either SIMPLE and PARTICULAR, or conjugate and Civile; HUMANITIE PARTICULAR consisteth of the same parts, whereof Man consisteth, that is, of KNOWLEDGES WHICH RESPECT THE BODY, & OF KNOWLEDGES THAT RESPECT THE MIND. But before we distribute so far, it is good to constitute. For I doe take the consideration in generall, and at large of HUMANE NATURE to be fit to be emancipate, & made a knowledge by it selfe; Not so much in regard

of those delightfull and elegant discourses, which have bin made of the dignitie of Man, of his miseries, of his state and life, and the like Adjuncts of his common and undevided Nature, but chiefely in regard of the knowledge concerning the SYMPATHIES AND CONCORDANCES BETWEENE THE MIND AND BODY, which being mixed, cannot be properly assigned to the sciences of either.

This knowledge hath two branches; for as all leagues and Amities consist of mutuall Intelligence, and mutuall Offices So this league of mind and body, hath these two parts, How the one discloseth the other, and how the one worketh upon the other. Discoverie, & Impression. The former of these hath begotten two Arts, both of Prediction or Prenotion where of the one is honoured with the enquirie of Aristotle, & the other of Hippocrates. And although they have of later time beene used to be coupled with superstitious and fantasticall arts, yet being purged and restored to their true state; they have both of them a solide ground in nature, and a profitable use in life. The first is PHYSIOGNOMIE, which discovereth the disposition of the mind, by the Lyneaments of the bodie. The second is the EXPOSITION OF NATURALL DREAMES, which discovereth the state of the bodie, by the imaginations of the minde. In the former of these, I note a deficience. For Aristotle hath verie ingeniously, and diligently handled the factures of the bodie, but not the gestures of the bodie; which are no lesse comprehensible by art, and of greater use, and advantage. For the Lyneaments of the bodie doe disclose the disposition and inclination of the minde in generall; but the Motions of the countenance and parts, doe not onely so, but doe further disclose the present humour and state of the mind & will. For as your Majestie sayth most aptly and elegantly; *As the Tongue speaketh to the Eare, so the gesture speaketh to the Eye.* And therefore a number of subtile persons, whose eyes doe dwell upon the faces and fashions of men; doe well know the advantage of this observation; as being most part of their abilitie; neither can it bee denied, but that it is a great discoverie of dissimulations, and a great direction in Businesse.

The later Braunch, touching IMPRESSION hath not beene collected into Art; but hath beene handled dispersedly; and it hath the same relation or Antistrophe, that the former hath. For the consideration is double, EITHER HOW, AND HOW FARRE THE HUMOURS AND AFFECTS OF THE BODIE, DOE ALTER OR WORKE UPON THE MIND; or againe, HOW AND HOW FARRE THE PASSIONS, OR APPREHENSIONS OF THE MINDE, DOE ALTER OR WORKE UPON THE BODIE. The former of these, hath beene enquired and considered, as a part, and appendix of Medicine, but much more as a part of Religion or superstition. For the Physitian prescribeth Cures of the minde in Phrensies, and melancholy passions; and pretendeth also to exhibite Medicines to exhilarate the minde, to confirme the courage, to clarifie the wits, to corroborate the memorie, and the like . . .

The roote and life of all which prescripts, is . . . the consideration of that dependancie, which the affections of the mind are submitted unto, upon the state and disposition of the bodie . . . As for the reciprocall knowledge, which is the operation of the conceits and passions of the minde upon the bodie; Wee see all wise Physitians in the prescriptions of their regiments to their Patients, doe ever consider *Accidentia animi*: as of great force to further or hinder remedies, or recoveries; and more specially it is an inquirie of great depth and worth, concerning IMAGINATION, how, and how farre it altereth the bodie proper of the Imaginant. For although it hath a manifest power to hurt, it followeth not, it hath the same degree of power to helpe . . . But unto all this knowledge DE COMMUNI VINCULO, of the Concordances betweene the Mind and the bodie: that part of Enquirie is most necessarie, which considereth of the Seates, and Domiciles which the severall faculties of the minde, doe take and occupate in the Organs of the bodie, which knowledge hath been attempted, and is controverted, and deserveth to bee much better inquired . . .

Medicine is a Science, which hath beene (as wee have sayd) more professed, than labored, & yet more labored, than advanced; the labor having beene, in my judgement, rather in circle, than in progression. For, I finde much Iteration, but small Addition. It considereth causes of Diseases, with the occasions or impulsions: The Diseases themselves, with the Accidents: and the Cures, with the Preservations. The Deficiences which I thinke good to note, being a few of many, & those such, as are of a more open and manifest Nature, I will enumerate, and not place.

The first is the discontinuance of the auncient and serious diligence of Hippocrates, which used to set downe a Narrative of the speciall cases of his patientes, and how they proceeded, & how they were judged by recovery or death . . . This continuance of Medicinall History, I find deficient, which I understand neither to be so infinite, as to extend to every common Case, nor so reserved, as to admit none but Woonders: for many thinges are new in the Manner, which are not new in the Kinde, and if men will intend to observe, they shall finde much worthy to observe.

In the inquirie which is made by Anatomie, I finde much deficience: for they enquire of the Parts, and their Substances, Figures, and Collocations; But they enquire not of the Diversities of the Parts; the Secrecies of the Passages; and the seats or neastling of the humours; nor much of the Foot-steps, and impressions of Diseases; The reason of which omission, I suppose to be, because the first enquirie may be satisfied, in the view of one or a few Anatomies: but the latter being comparative and casuall, must arise from the view of many . . . And as for the footesteps of diseases, & their devastations of the inward parts . . . they ought to have beene exactly observed by multitude of Anatomies, and the contribution of mens severall experiences; and carefully set downe both historically according to the appearances, and artificially with a reference to the diseases and symptomes which resulted from them, in case where the Anatomy is of a defunct

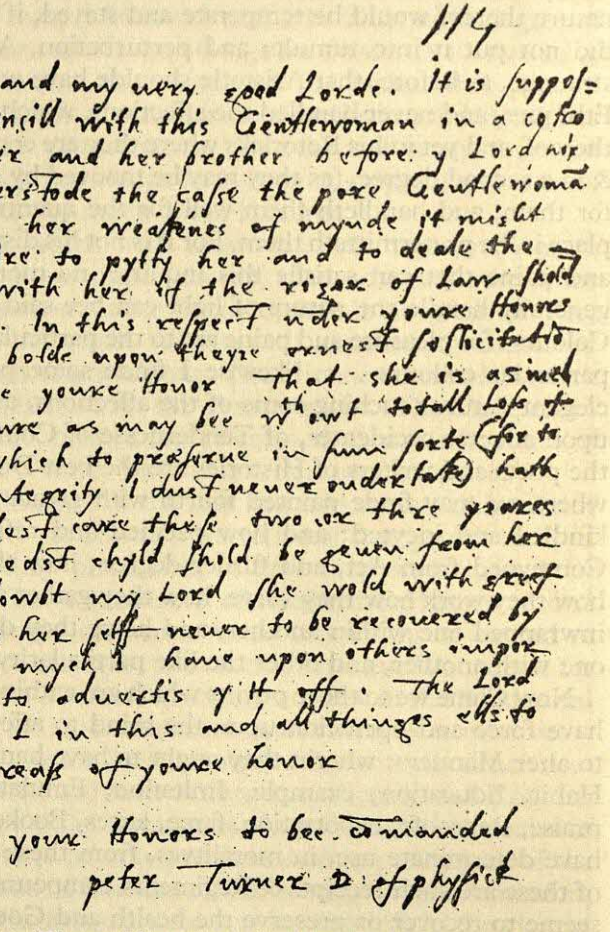
patient; wheras now upon opening of bodies, they are passed over sleightly, and in silence . . .

Another Article of this knowledge is the Inquirye touching the affections: for as in Medicining of the body, it is in order first to know the divers Complexions and constitutions, secondlye the diseases, and lastly the Cures. So in medicining of the Minde, after knowledge of the divers Characters of mens natures, it foloweth in order to know the diseases and infirmities of the mind, which ar no other then the perturbations & distempers of the affections . . . it may be fitly said, that the mind in the nature thereof would be temperate and stayed, if the affections as winds, did not put it into tumulte and perturbation. And here againe I finde straunge, as before, that Aristotle shoulde have written divers volumes of Ethiques, and never handled the affections, which is the principall subject thereof, and yet in his Retoricks where they are considered but collaterally, & in a second degree, (as they may be mooved by speech) he findeth place for them, and handleth them well for the quantity but where their true place is, he pretermitteth them. For it is not his disputations about pleasure and paine that can satisfie this inquirie, no more then hee that should generally handle the nature of light can bee said to handle the nature of Colours: for pleasure and paine are to the particular affections as light is to particular collours . . . likewise I finde some particular writings of an elegant nature touching some of the affections, as of Anger, of Comforte upon adverse accidentes, of Tendernesse of Countenance and other. But the poets and writers of Histories are the best Doctors of this knowledge, where we may finde painted fourth with greate life, How affections are kindled and incyted: and how pacified and refrained: and how againe Conteyned from Act, and furder degree: how they disclose themselves, how they work how they varye, how they gather and fortifie, how they are inwrapped one within another, and howe they doe fighte and encounter one with another, and other the like particularityes . . .

Now Come we to those poynts which are within our owne command and have force and operacion upon the mind to affect the wil & Appetite & to alter Manners: wherin they ought to have handled Custome, Exercise, Habit, Education, example, Imitation, Emulation, Company, Frinds, praise, Reproofe, exhortation, fame, lawes, Bookes, studyes: theis as they have determinate use, in moralityes, from these the mind suffereth, and of these are such receipts & Regiments compounded & described, as may seeme to recover or preserve the health and Good estate of the mind, as farre as pertaineth to humane Medycine.

PETER TURNER

PLEA FOR A MADWOMAN, 1606


114

Right Honorable and my very good Lorde. It is suppos-
ed By those of councill with this Gentlewoman in a cor-
uersy betweene her and her brother before y Lord nor
that if y H understode the case the pore Gentlewoma
ns in concerning her weakenes of mynde it might
moue your the more to pytty her and to deale the
more fauorably with her if the rigor of Law shold
bee against her. In this respect under youre Honors
correction I am bolde upon theyre earnest solicitatio
of me. to certefye youre Honor that she is as mel
ancholick a creature as may bee without totall Loss of
her wittes. the which to preserue in sum sorte (for to
restore to perfect integrity I dust neuer undertake) hath
bene not my smalest care these two or three yeares
Now of her beloued chyld shold be geuen from her
i am in great dowbt my Lord she wold with great
fall cleue besydes her self neuer to be recouered by
any arte. Thus much I haue upon othires iuigor
to hir bene bold to aduertis y H off. The Lord
of Lordes direct y L in this and all thinges els to
his glory and increase of youre honor

youre Honors to bee commanded
peter Turner D: of physick

FIG. 20 Letter from Peter Turner (1542-1614), MD Heidelberg, Cantab., Oxon, FRCP, physician to St Bartholomew's Hospital, London 'To the Right Honorable his very good Lord Therle of Salisbury', 1606 (*Hatfield House*, Cecil Papers 119:114).

Turner pleaded on behalf of one of his patients, a melancholic 'pore Gentlewoman', that her child be not taken from her as he expected this would worsen her mental condition perhaps irretrievably. Such documents show that side by

side with the more dramatic aspects like witch-hunting and whipping which are usually presented as characteristic of contemporary psychiatric practice, there existed a humane interest in mental patients not different from that of today.

Transcript of document illustrated in Fig. 20 opposite

To the Right Honorable his very good Lord Therle of Salisbury.

Right Honorable and my very good Lorde. It is supposed by those of councill with this Gentlewoman in a controversy betwene her and her brother before youre Lordship that if youre Honor onderstode the casse the pore Gentlewoman is in concerning her weakenes of mynde it might move you the more to pytty her and to deale the more favorably with her if the rigor of Law shold bee agaynst her. In this respect under youre Honors correction I am bolde upon theyre ernest sollicitation of me to certefye youre Honor that she is as melancholick a creature as may bee without totall Loss of her wittes the which to preaserve in sum sorte (for to restore to perfect integrity I durst never ondertake) hath bene not my smalest care these two or thre yeares. Now if her belovedst chyld shold be geven from her i am in great dowbt my Lord she wold with greef fall clene besydes her selff never to be recovered by any arte. Thus mych I have upon others importunitye bene bold to advertis youre Honor off. The Lord of Lordes direct youre Lordship in this and all things ells to his glory and increase of youre honor

youre Honors to bee commanded

peter Turner Doctor of physick

SIMON GOULART (1543–1628)

Minister of religion, Geneva, Switzerland

Admirable and memorable histories containing the wonders of our time. Collected into French out of the best authors. By J. Goulart. And out of French into English. By Ed. Grimestone, 1607 *London, Eld* pp. 370, 392-4, 398-9

First published Paris 1600/1

Because the cause of mental illness is often obscure and apparently insufficiently accounted for by psychological factors doctors have always looked for physical diseases of known etiology with early and conspicuous mental symptoms with which it could be identified. At the present time research into the mechanism of drug induced abnormal mental states and the mental concomitants and sequelae of the epilepsies are examples of such lines of inquiry. In Goulart's time one tempting model was hydrophobia, a disease in which refusal of food and drink, delirium and convulsions – in short 'mad' behaviour – was known to follow inoculation with 'the venimous humor called Rage' by the bite of a rabid dog. Because of its occasionally prolonged incubation period and possibly owing to mistakes in diagnosis, cases had been reported in which the disease apparently arose spontaneously from 'inward beginnings without any accidental contagion without'. This led Goulart to wonder whether madness was not a kind of endogenous hydrophobia and 'whether one by internall principles and of their owne corruption might not become madde'. Such reasoning by analogy from the particular to the general has often been attempted in psychiatric research of which perhaps the best example is Kraepelin's grouping of dementia praecox with dementia paralytica and dementia senilis as an endogenous metabolic or degenerative disorder of the brain in the young. (In the field of therapy failure to distinguish hydrophobia from madness proper gave rise to the ducking treatment described by Helmont 1694.)

THE VENIMOUS HUMOR CALLED RAGE

Melancholike, Madd, Franticke, Furious and enraged persons

I Meddle not with the controversies of learned Physitions touching the differences of these diseases, according to the humour most predominant, either in the braine, or in the *Hypocondres*, or throughout all the body: neither will I enter into consideration of the remedies which they bring. And without subjecting my selfe to any exact order . . . will propound some examples touching mad-men. There are two kindes. Some growe so

by the poyson of the melancholike humour, as well throughout all the bodie, as principally in the braine, the which beeing not redrest in time, simple melancholie becomes frenzie, that fury, and in the end rage, which is fearefull and not to bee cured, whereof M. PETER SALIUS and MARCELLUS DONATUS learned Physitions do intreate, and propound some histories. Let us speake after them, and serve them as an Interpreter of our *French-men*. It is a question if the venimous humor called *Rage*, the which breeds in so many sortes of creatures, which impart it unto man, as we knowe, may beginne by man himselfe, and have inward beginnings, without any accidentall contagion without. Reason makes us to yeeld to this opinion, seeing that by the consent of all men, mortall poisons may be engendred within man: that rage should not bee excluded out of this ranke, man differing from a Serpent, which spitts poyson, no more then from other beastes, which are subject unto madnesse. But for that the Ancients for the most part have held, that no man could growe madde, if hee had not beene toucht without by some other person or Beast that was madde: it seemes wee should not lightly stray from their opinions, notwithstanding seeing that experience may resolve this difficulty, I will relate what mine eyes have seene. A woman sixe and thirty yeares old, troubled with a continuall fever, called me to helpe her. I found her seized of a pestilent ague, I gave her Physick, so as eleaven daies after shee was cured. Eleaven daies after that she was troubled with a greevious flixe and an ague. I was called, and began to incounter this disease, the which I surmounted within seaven daies after. There remained yet some relikes of a fever, the which seeking to take away, this woman fell so to abhorre all Liquors, as not onelie shee lothed all Physicall potions and all drinkes for her refection, but shee could not endure that anie one should drinke in her presence. I knewe by this accident alone that shee was toucht with rage, the which did so increase as shee could not endure they should bring any light into her Chamber: in regard of her feeding, detesting all drinkes and all liquid Physicke. And for that her fever and the tediousnesse of her disease, would not suffer her to maintayne her selfe well with solide meates shee became exceeding feeble; but shee languished seaven dayes after that shee had begunne to reject all drinke and Liquide norrishment. I found in her no other cause of defect, but onelie this disdaine of drinking and taking that which was Liquid. Neither did shee complaine of any thing, but when they presented it unto her; then should you see her moove her selfe, after a strange manner. Except this, it was a verie quiet infirmitie: and asking her if shee had ever beene toucht with the teeth of any madde Dogge, her answere was, that no Dogge had ever toucht her, having had none in her house, nor beene in companie where anie was. Having enquired of her Mother, if never Dogge had toucht her Daughter at anie time in all her life: shee assured mee no. This made mee to doubt, whether one by internall principles, and of their owne corruption might not become madde. For having in this infirmity no conjecture of Contagion without,

and this feare of drinke and liquide things, beeing not conjoyned with the accidents which are accustomed to accompanie them that are bitten with madde Beastes: I did conjecture that this disease grewe from some internall cause, which was not so violent, comming not by the outwards partes, through the byting of some enraged Beaste: if wee will not say that the force therof was quenched by the counterpoysons that were given her in the cure of her pestilent fever: and by reason of her apparent and great evacuation of badde humours in the *Dissenterie* or fluxe. Besides this experience, I was confirmed by the authoritie of CAELIUS AURELIANUS, writing that some-times one growes madde with out anie apparent cause: and by the Historie which SORANUS reports, saying that hee had seene an Infant which did abhorre the Nurces brests, without any precedent Contagion . . .

There is an other kinde of rage proceeding of an externall cause, that is to say, of the byting of madde Beastes, whereof wee must speake some thing, and produce Histories according to our intention: to descover our miseries more and more, and to induce us to flie devoutly to the mercifull protection of almightie GOD. Beholde what learned FERNELIUS saies, namely in respect of madde-dogges which bite men; a madde-dogge in byting doth cast forth some spittle or venimous humor, the which peercing by the part that is toucht, doth sodenly corrupt the spirits, the bloud and the humors, then doth it slide by little and little into the principall partes, but so slowely as the disease is not descovered till three weekes after, some-times after a yeare, and that but doubtfully. During this respite of time, the patient feeles no fever, nor any paine, hee feares not death at all, the which hee carries in his bowells. But when the vennom by succession of time is come unto the heart, all the other Noble partes are as it were tickled; the sicke man growes way-ward, he can neither stand nor sit; hee behaves himselfe like a madde-man, scratcheth his face, and bytes every man, the foame comes out at his mouth, hee lookes wildly, is tormented with a great fever, hee is extreamely altered and dry, yet hee doth so abhorre Water and all other Liquor, as hee had rather die then drinke or bee plonged in anie River. These miseries in the ende oppresse him, and deprive him of life.

JOHN COTTA (?1575–1650)

MD Cantab., physician of Northampton

A short discoverie of the unobserved dangers of severall sorts of ignorant and unconsiderate practisers of physicke in England: profitable not onely for the deceived multitude, and easie for their meane capacities, but raising reformed and more advised thoughts in the best understandings: with direction for the safest election of a physition in necessitie, 1612 *London, Jones & Boyle* pp. 51-4

Second edition published as *A true discovery of the empericke*, 1617

Following in Jorden's footsteps Cotta in his best known work *The triall of witchcraft, showing the true methods of the discovery with a confutation of erroneous ways* (1616; second edition 1624) claimed 'the necessitie of consulting with the Physition . . . in all diseases supposed to be inflicted by the Divell'. If witches and diseases due to witchcraft existed at all they could only be diagnosed by one familiar with the many equally puzzling manifestations of natural disease. In his earlier book quoted here he added to knowledge of natural causes of mental illness by drawing attention to the effect of suggestion without the mediation of satanic powers, and how merely 'by the juglings of the imaginarie' unexpected and unaccountable symptoms could be produced: 'It is an easy matter for any impression to worke it selfe into the imagination of a vaine mind'. He illustrated this by examples of two women who developed symptoms of anxiety and pain following leading questions by their physician, the result of what may be called unintentional suggestion – at all times a hazard of psychiatric case-taking. It is the more remarkable that Cotta recognised suggestion and auto-suggestion as purely mental phenomena when one looks forward more than a hundred and fifty years to Mesmer (*Report*, 1785) and his followers who postulated a mysterious magnetic fluid to account for such effects.

THE JUGLINGS OF THE IMAGINARIE: SUGGESTIBILITY

Many things of great power and wonder, above reason and beyond the power of nature, have bene effected through the imprecation, stimulation and ministerie of wicked men the associates of divels, whose commerce with spirits hath bene oft plaine and manifest. But it is good before we enter into the consideration thereof, that we be warie and cautelously wise, how we make a true difference betweene a true worke of the divell, and the strange likenesse which phantasmes (oft countenanced by casualties and events) strongly worke in the opinion and conceit. For as the machinations

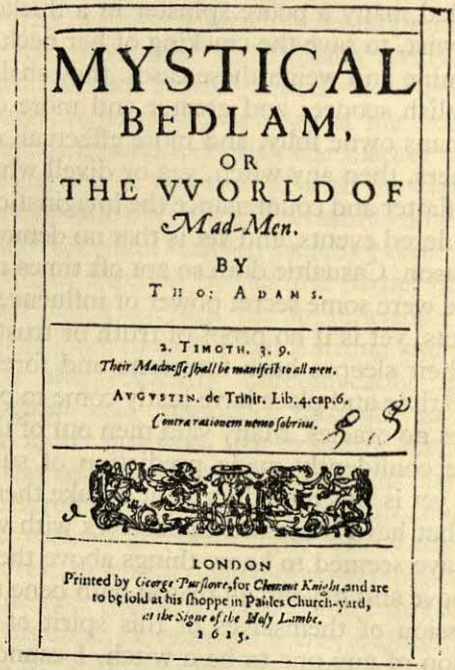
of spirits are certainly oft inserted into the actions of men; so by the juglings of the imaginarie, are so lively framed resemblances and counterfets of them oft times, that they can hardly be distinguished. That it may therefore the better first appeare what fancie and imagination are able to do, I will not here omit an historie worth good eare: Anno 1607. a Parsons wife of Northamptonshire, dwelling within three miles of the towne, came unto a Physition, complaining of a tumor in one of her breasts. He demanded her among many other things concerning the Sciatica, which he conjectured to vexe her. She denied any acquaintance or notion thereof in all her former life. The same night (being returned home) sodainly about midnight the Sciatica seized painfully and grievously upon her. Some few daies after, it happened another of her neighbours came also unto the same Physition, whom (beside the disease which she her selfe made knowne) he guessed to be troubled with the crampe, and cursorily questioned her thereof. She never before sensibly knowing any such paine, after her returne also that night suffered thereby exceeding torment. These two accidents compared together by the first partie, (the one in her selfe, and the other in her neighbour) and the apprehension being whet by her exceeding paine continued, caused in her a strong and resolute opinion of bewitching, which she presently unremoveably imputed unto the Physition. Her outcries and impatience through her paine, made such forcible impression in her husband, that to satisfie his wives unreasonable importunacie, he was contented to come unto the Physition from her to expostulate. He, before he could utter his message, blushing at the folly, and yet desirous to satisfie his wives injunction, because she would not otherwise give him rest, at length related unto him the cause of his coming, desiring him for his sake (being much ashamed thereof) to conceale the folly of his wife. This done, he returned home, and found his wife nothing better, but assuring her selfe and him, that if he would but once more come unto the Physition, and (as I conjecture) gaine him to forgive her, she should presently be well. Accordingly the next day he came unto him, and (then concealing the reason and cause of his coming) desired him to forgive and pardon his wife. This easily granted (as such a toy) he presently demanded the houre of the day, which instantly the clocke gave two, being afternoone. He hastened homeward, and before he could speake unto his wife, she joyously entertained him, and with prevention told him that she was perfectly well, and that just at two of the clock her paine left her, which she (it seemed) imagined (as it also hapned) to have bene the same time and moment that the Physition had given her desired pardon. (She was assured late the night before of the Physitions being at home that same day; she knew the length of the way, her husbands usuall pace, and direct speed. She might easily compare the time of his going forth, with a competent time for his attaining the Physition, and with all these might well hope of the Physitions facilitie by his friendly entertainment the day before. From hence her imagination satisfying it selfe with the confidence

thereof, she might thereby, setling and quieting her spirits, minde and humors, for a time thus appease and mitigate her paines. As for her so true and just conjecture at the time which was two of the clocke, the circumstances before mentioned, and likelihood it selfe did guide her to suppose it.)

The next morning her husband did write unto him, discovering with this newes the reason of his last coming unto him the day before, together with this strange event following it. Within halfe a yeare after, she fell sicke againe, and died. This strong imagination, with this strange event, might have intangled many a poore spinster in a thicker string then her cunning could untwist, to save the cracking of her neck. But if men wold more duly oft examine and weigh these cases, they shall many times find the Witch in a foolish sconce; and greater and more dangerous are the bewitchings of a mans owne folly, and more effectuall oft times unto his owne hurt and others, then any witch, yea or divell whatsoever. Without doubt chance may flatter and countenance the imagination with unwonted, yea and justly wondered events, and yet is that no demonstration of ought above nature or reason. Casualtie doth so apt oft times consequences unto dreames, as if there were some secret power or influence in them proceeding unto such effects, yet is it no proof of truth or trust in them. Women oft times out of their sleepes have foreseene and foretold many things, which according to time and place have justly come to passe, but this doth make their dreames no oracles. Many vain men out of the presage of their owne minds, have confidently made prediction of such things as have assuredly hapned, yet is this no inducement to take them for prophets. In like maner some that have possessed themselves with witchcraft, and the opinion thereof, have seemed to know things above their knowledge, and that knowledge above and beyond all reason hath bene true: yet neither is this any dispossession of themselves of this spirit of folly, nor no just proofe or accusation of any one to be a witch. I cannot therefore take it for an ingenuous course, upon such grounds to draw simple people unto confusion. It is an easie matter for any impression to worke it selfe into the imagination of a vaine mind.

THOMAS ADAMS

THE WORLD OF MAD-MEN, 1615



MYSTICAL
BEDLAM,
OR
THE VVORLD OF
Mad-Men.
BY
THO: ADAMS.

2. TIMOTH. 3. 9.
Their Madneſſe ſhall be manifeſt to all men.
AVGVSTIN. de Trinit. Lib. 4. cap. 6.
Contra rationem nemo ſobrius.

LONDON
Printed by *George Purſlowe*, for *Clement Knight*, and are to be ſold at his ſhoppe in Paules Church-yard, *at the Signe of the Holy Lambe.*
1615.

FIG. 21 Title-page of *Mystical Bedlam*, 1615, by the eminent puritan divine Thomas Adams, possibly the first appearance of Bedlam (a corruption of Bethlem or Bethlehem Hospital) on a title-page.

Adams took as his text 'Ecclesiastes, Cap. 9. Ver. 3. The heart of the Sonnes of men is full of evil, and madnesse is in their heart while they live'. As was customary he divided madness into 'corporall and spirituall . . . That obsesseth the braine, this the Heart. That expects the helpe of the naturall Physitian, this of the Mysticall' and further according to the 'three internal senses or faculties . . . Imagination, Reason, and Memorie' as follows: '1. There are some *mad*, that can rightly judge of the things they see, as touching *imagination & phantasie:* but for *cogitation* and *reason*, they swarve from naturall judgement' – that is are deluded. '2. Some being *madde*, are not deceiv'd so much in *common cogitation* and *reason*; but they erre in *Phantasie* and *Imagination*' – that is are hallucinated. '3. There are some, that be hurt in both *imagination* and *reason*, and they necessarily therewithall doe lose their memories' – that is suffer from what today is called dementia.

PROSECUTION OF A QUACK WHO PRACTISED ON MAD PEOPLE

Annals of the College of Physicians of London, Comitia of 13 *January* 1614/5 (MS.)

The College of Physicians used to wield extensive powers over the profession in London and seven miles around and had the right to prosecute irregular practitioners. This minute is one of the earliest recorded prosecutions of a quack for malpractices on the mad. The President's questions aimed at ascertaining his competency or otherwise throw an interesting light on what a practitioner was supposed to know about 'madd men'. From the same period there is another prosecution recorded by Charles Goodall, Fellow and four times President of the College, in *The Royal College of Physicians of London . . . And an historical account of the College's proceedings against empiricks and unlicensed practisers*, 1684 (p. 368) which incidentally includes the fee charged by the practitioner – in this case a surgeon – and the fine imposed by the College: 'Mr. *Doughton*, a *Surgeon*, was complained of by Mr. *Flud* an Attorney, for that he had undertaken the cure of his Wife, ill of a Maniack distemper, for 20 *l.* and had done her little or no good; for after a month or two she relapsed into as bad a condition as formerly. But he confessing his fault, and having been never before convicted of the like, the President and Censors inflicted onely a fine of 40*s.* upon him, with an admonition that for the future he should not intrude himself into a profession that he understood not.'

WHAT DIFFERENCE OF MADD MEN?

William Sheperd brought there by the Marshal [Beadle] appeared: he confessed That he was a quack practising on mad people: the President [Dr Thomas Moundeford] asked him for a distinction between mad men, 'or what difference of madd men? he sayes, they are not all of one kinde, but all of ye foure humours, and those burnt. But how is flegme burnt? and what is it? and what author hath he for it? He nameth Leonnellus Faventinus but commes not to expostulate or to dispute, nor will recite his course of cures, nor make account of any thinge. He is urged with practice on ye wife of John Newbery, a chandler, of whom (as after here was by themselves avowed) he receaved 10*li.* and covenanted upon cure 10*li.* more. How he manacled, sore hurt her finger and face, and miserably misused, but cured not'. But while more important business was transacted he was asked to leave; but fearing that he would be recalled and cast into prison, he took to his heels.

THE COURT OF WARDS

THE CUSTODIE OF LUNATIQUES, 1618



A
COMMISSION
WITH INSTRVCTI-
ONS AND DIRECTIONS,
granted by his Maieſtie to the Maſter
and Counſaile of the Court of Wards
and Liueries,

For compounding for Wards, Ideots,
and Lunaticks,
And giuen vnder His Highneſſe great
Seale of England
The eleuenth day of December 1618.

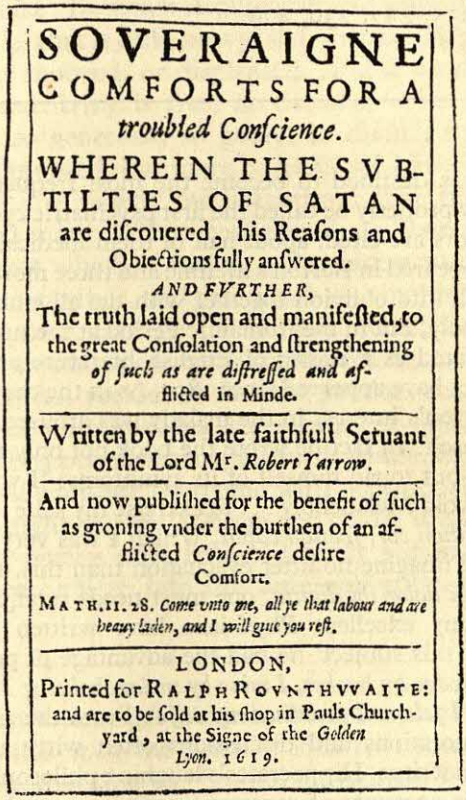
LONDON,
Printed by BONHAM NORTON
and IOHN BILL, Printers to the
Kings moſt Excellent Maieſtie.
M.DC.XVIII.

FIG. 22 Title-page of *A commission . . .*, 1618.

The Court of Wards and Liveries was established in 1540 by the Act of Parliament 32 Henry VIII c.41 which invested it with the custody of idiots and lunatics and their property. Previously they had been in the care of Chancery, before that again under the Exchequer and in earliest times under the baron from whom their land was held. The *Commission*, 1618 (other editions 1617 and 1622) illustrated here was issued by James I to remedy 'sundry defects, that otherwise could not easily have bin foreseene' which 'time and experience have produced knowledge of'. These consisted largely in abuses whereby 'much of the profit that might have bene raised for Us, hath bene directed to divers Sutors and Committees, who by obscuring the trueth of the Wards estate . . . have reaped greater profite' and 'been carelesse of their education, married some in meane places, committed wastes and spoyles upon their Lands' and so on. The reference to the Royal profit was to the fact that by the Act the Crown received the revenues from a ward's estate and kept what remained after maintaining him and his dependants: after the ward's death the estate reverted to the descendants. The Court could farm out its interests to responsible relatives or other 'committees of the person' who sometimes conducted wards' affairs to their own profit; hence the tightening of the regulations. 'This profligate court' as G. D. Collinson called it (*A treatise on the law concerning idiots, lunatics, and other persons non compos mentis*, London 1812, p. 432) was abolished in 1672 by the Act of 12 Charles II c. 24 when the care and protection of the *non compos mentis* reverted to the Lord Chancellor.

ROBERT YARROW

COMFORTS FOR A TROUBLED CONSCIENCE, 1619



SOVERAIGNE
COMFORTS FOR A
troubled Conſcience.
WHEREIN THE SVB-
TILTIES OF SATAN
are diſcouered, his Reaſons and
Obiections fully anſwered.
AND FVRTHER,
The truth laid open and manifeſted, to
the great Conſolation and ſtrengthening
of ſuch as are diſtreſſed and af-
flicted in Minde.

Written by the late faithfull Seruant
of the Lord Mr. *Robert Yarrow.*

And now publiſhed for the benefit of ſuch
as groning vnder the burthen of an af-
flicted *Conſcience* deſire
Comfort.

MATH. 11. 28. *Come vnto me, all ye that labour and are heauy laden, and I will giue you reſt.*

LONDON,
Printed for RALPH ROVNTHVVAITE:
and are to be ſold at his ſhop in Pauls Church-
yard, at the Signe of the *Golden*
Lyon. 1619.

FIG. 23 Title-page of Robert Yarrow's posthumous *Soveraigne comforts for a troubled conscience*, 1619.

Like not a few authors of books of comfort for 'such as are distressed and afflicted in Minde' – many of them divines – Yarrow wrote from personal experience. He had been 'for a good space, greatly perplexed and troubled in minde with inward afflictions, which . . . was the first occasion that mooved him to frame this dicourse . . . and to prescribe to others, such comforts and remedies, as out of his owne experience hee found to yeeld most ease and helpe'.

ROBERT BURTON (1577–1640)

BD Oxon, divine of Christ Church, Oxford

The anatomy of melancholy, what it is. With all the kinds, causes, symptomes, prognostickes, and severall cures of it . . . by Democritus Junior, 1621 *Oxford, Cripps* (pp. lxxxciii + 784 + viii) pp. 16, 18-9, 47-9, 52-3, 57, 68-9, 80-1, 122, 192-3, 233, 235, 237, 239, 479

This great book was destined to become the most frequently reprinted psychiatric text. It may properly be called the first psychiatric cyclopaedia for nearly one thousand authors are cited, about half of them medical. It was so popular that five editions appeared in Burton's lifetime and three more in the seventeenth century. It then fell into oblivion together with the all embracing Elizabethan concept of melancholy, but in the Romantic Period at the turn of the nineteenth century was reinstated as a classic of English literature and more than sixty editions and reissues have appeared since 1800. As in the case of so many writers on melancholy Burton's interest in the malady was aroused by having suffered the pangs of it himself. In fact he wrote the book not only to 'helpe others out of a fellow feeling' but to rid himself of its symptoms: 'I write of Melancholy, by being busie to avoid Melancholy . . . to exercise my selfe . . . to ease my mind . . . for I had *gravidum cor, foetum caput*, Which I was very desirous to be unladen of, and could imagine no fitter evacuation than this. Besides I could not well refraine, for *ubi dolor ibi digitus*, one must needs scrat[ch] where it itches'. And although 'many excellent Physitians have written just Volumes and elaborate Tracts of this subject' he had the advantage of personal experience: '*they get their knowledge by bookes, I mine by melancholising . . . that which others heare of or read of, I felt and practised my selfe*'. From the embarrassing wealth of observations, quotations and discussions often witty as befits an author styling himself Democritus, Hippocrates's laughing philosopher, selections have been made from his accounts of contemporary views on the seats, causes and divisions of melancholy, a term which included everything from temperament to insanity; the then topical 'difficult question' whether 'Divels . . . cause Melancholy . . . by obsession, or possession, or otherwise'; the importance of hereditary factors – a more modern theme; the influence of childhood experiences by what present-day psychologists call overprotecting or rejecting parents; and a description of ideas of reference and paranoid traits – Kretschmer's *sensitiver Beziehungswahn* – including '*Rusticus Pudor*' or uncontrollable blushing, a not uncommon symptom.

Melancholy, the subject of our present Discourse, is either in Disposition, or in Habite. In Disposition, is that transitory Melancholy, which goes and comes upon every small occasion of sorrow, neede, sicknesse, trouble, feare, griefe, passion, or perturbation of the Minde, or any manner of care, discontent, or thought, which causeth anguish and vexation of the Spirits, any wayes opposite to pleasure, mirth, joy, delight, or causing frowardnesse in us, or a dislike; In which Æquivocall and improper sence, we call any man Melancholy, that is dull, heavy, sad, sowre, lumpish, ill-disposed, solitary, or any way mooved, or displeased. And from these Melancholy Dispositions, no man living is free, no Stoicke, none so wise, none so happy, so patient, so generous, so godly, so divine, that can vindicate himselfe, so well composed, but more or lesse, somtime or other, he feels the smart of it . . . it falleth out oftentimes that these Dispositions become Habits, and many Affects contemned, as Seneca notes, makes a Disease . . . For that which is but as a flea-biting to one, causeth unsufferable torment to another, and that which one by his singular moderation, and well-composed carriage can happily overcome, a second is no whit able to sustaine: but upon every small occasion of griefe, disgrace, losse, crosse, rumor, &c. yeeldes so farre to passion, that his complexion is altered, his digestion hindred, his sleepe gone, his spirits obscured, and his heart heavy, his Hypocondries missaffected, winde, crudity on a sudden overtake him, and he himselfe overcome with Melancholy. So that as the Philosophers make eight degrees of heate and colde. Wee may make 88. of Melancholy, as the parties affected are diversly seased with it, or have beene plunged more or lesse into this Infernall gulfe, or waded deeper into it.

Of the part affected

Some difference I finde amongst Writers, about the principall part affected in this disease, whether it be the Brain or Heart, or some other Member. Most are of opinion, that it is the Braine, for being a kinde of Dotage, it cannot otherwise be . . . The Heart indeed is affected, as Melanelius proves out of Galen, by reason of his vicinity; and so is the Midriffe, and many other parts. They doe *compati*, and have a fellow feeling by the Law of Nature: but forasmuch as this malady is caused by precedent Imagination, and the Appetite, to whom Spirits obey, are subject to those principall parts, the Braine must needs be primarily misaffected, as the seate of Reason, and then the Heart, as the seate of Affection . . .

As many doubts almost arise about the Affection, whether it be Imagination or Reason alone, or both. Hercules de Saxoniâ proves out of Galen, Ætius, and Altomarus, that the sole fault is in Imagination. Bruel is of the same mind: Montaltus in his second Chapter of Melancholy, confutes this Tenet of theirs, and illustrates the contrary, by many examples, as of him,

that thought he was a shell-fish, of a Nunne, of a desperate Monke, that would not be perswaded, but that he was damned. Reason was in fault as well as Imagination, which did not correct this Error; they make away themselves often-times, and suppose many absurd and ridiculous things. Why doth not Reason detect the Fallacy, settle and perswade if shee be free? Avicenna therefore holdes both corrupt, to whom most Arabians subscribe. The same is maintained by Areteus, Gordonius, Guianerius &c. To end the controversie, no man doubts of Imagination, but that it is hurt and mis-affected heere; for the other I determine with Albertinus Bottonus, a Doctor of Padua, that it is first in Imagination, and afterwards in Reason, if the Disease be inveterate, or as it is more or lesse of continuance.

Of the species or kindes of melancholy

The most received division is into three kindes. The first proceeds from the sole fault of the Braine, and is called Head melancholy: the second sympathetically proceedes from the whole Body, when the whole temperature is Melancholy: The third ariseth from the Bowels, Liver, Splene, or Membrane, called Mesenterium, named Hypochondriacall, or windy melancholy, which Laurentius subdivides into three parts, from those three Members, Hepaticke, Splenaticke, Mesariacke. Love melancholy . . . and Lycanthropia . . . are commonly included in Head Melancholy . . . with that of Religious melancholy.

A Digression of Divels, and how they cause Melancholy

How farre the power of Divels doth extend, and whether they can cause this or any other Disease, is a serious question and worthy to be considered . . . Many thinke he can worke upon the body, but not upon the minde. But experience pronounceth otherwise, that hee can worke both upon body and minde . . . He begins first with the phantasie, and moves that so strongly that no reason is able to resist. Now the Phantasie he moves by mediation of humors: Although many Physitians are of opinion that the Divell can alter the minde, and produce this disease of himselfe . . . Agrippa and Lavater are perswaded that this humour invites the Divell to it, wheresoever it is in extremity, and of all other Melancholy persons are most subject to diabolicall temptations, and illusions, and most apt to entertaine them and the Divell best able to work upon them. But whether by obsession, or possession, or otherwise, I will not determine, t'is a difficult question.

Parents a cause by propagation

That other inward inbred cause of Melancholy, is our temperature in whole or part, which wee receive from our parents, which Fernelius cals *praeter naturam*, or unnaturall, it being an hereditary disease: for as he justifies . . . Such as the temperature of the father is, such is the sonnes;

and looke what disease the father had when he begot him, such his son will have after him . . . Now this doth not so much appeare in the composition of the Body . . . but in manners and conditions of the Minde . . . And that which is more to be wondred at, it skippes in some Families the Father, and goes to the Sonne, or takes every other, and sometimes every third in a lineall descent, and doth not alwayes produce the same, but some like, and a symbolizing disease.

Education a cause of Melancholy

Education of these accidentall causes of melancholy, may justly challenge the next place: for if a man escape a bad Nurse, he may be undone by evill bringing up. Jason Pratensis, puts this of Education for a principall cause, bad parents, step-mothers, Tutors, Masters, Teachers, too rigorous and too severe, or too remisse or indulgent on the other side, are often fountaines and furtherers of this disease. Parents and such as have the tuition and oversight of children, offend many times in that they are too sterne, alway threatning, chiding, brawling, whipping, or striking; by meanes of which their poore children are so disheartned & cowed that they never after have any courage, or a merry houre in their lives, or take pleasure in any thing . . .

Others againe in that other extreame doe as much harme . . . Too much indulgence causeth the like, many fond mothers especially, dote so much upon their children like Æsops ape, till in the end they crush them to death.

Symptomes or signes in the Mind

Some are afraid that they shall have every fearefull disease they see others have, heare of, or read. If they see one possessed, bewitch't, or an Epileptick Paroxisme, a man shaking with the palsy, or giddy-headed, reeling, or standing in a dangerous place &c. for many dayes after it runs in their mindes, they are afraid they shal be so too, they are in the like danger . . . they applie all they see, heare, read, to themselves . . . and will be sick, and apply all symptomes they find related of others, to their owne persons . . .

Suspition and Jelousie, are generall symptomes, they are commonly distrustfull, apt to mistake, *facile Irascibiles*, testy, pettish, peevish, and ready to snarle upon every smal occasion, *cum amicissimis*, and without a cause. If two talke together and whisper, or jest, or tell a tale in generall, he thinks presently they meane him, applies all to himselfe . . . Or if they talke with him, hee is ready to misconster every word they speake, and interpret it to the worst . . . He thinks they laugh or point at him, or doe it in disgrace of him, circumvent him, contemne him . . . Many of them are immovable and fixed in their conceipts, and others vary upon every object heard or seene . . .

Rusticus Pudor, bashfulnesse, flushing in the face high colour, ruddinesse are common greivances which much torture many melancholy men,

when they meet a man or come in company of their betters, strangers, or after a meale, or if they drinke a cup of wine or stronge drinke, they are as red and flect and sweat, as if they had beene at a Maiors feast, *praesertim si metus accesserit*, it exceedes, they thinke every man observes it, takes notice of it, & feare alone wil effect it, suspition without any other cause.

Legend of title-page illustrated in Fig. 24 opposite ☛

These illustrations of the classical Elizabethan types of mental illness – the first in a psychiatric text – appeared originally in the third edition of the *Anatomy* (1628) but without the doggerel 'Argument of the Frontispiece' which was added to the fourth edition shown here.

1. 'Old *Democritus* under a tree . . . Over his head appeares the skye, And *Saturne* Lord of Melancholy'; 2. 'Toth' left a Landskip of *Jealousye*'; 3. 'The next of *Solitarinesse*'; 4. 'Inth' under Columne there doth stand, *Inamorato* with folded hande'; 5. '*Hypocondriacus* leanes on his arme, Winde in his side doth him much harme . . . About him pottes and glasses lye, Newly brought from's Apothecary'; 6. 'Beneath them kneeling on his knee, A *Superstitious* man you see'; 7. 'But see the *Madman* rage downe right, With furious lookes, a ghastly sight. Naked in chaines bound doth he lye, And roares amaine he knowes not why?'; 8. and 9. '*Borage* and *Hellebor* fill two sceanes, Soveraigne plants to purge the veines, Of melancholy . . .'; 10. 'Now last of all to fill a place, Presented is the *Authors* face'.

ROBERT BURTON

TYPES OF MELANCHOLY, 1632

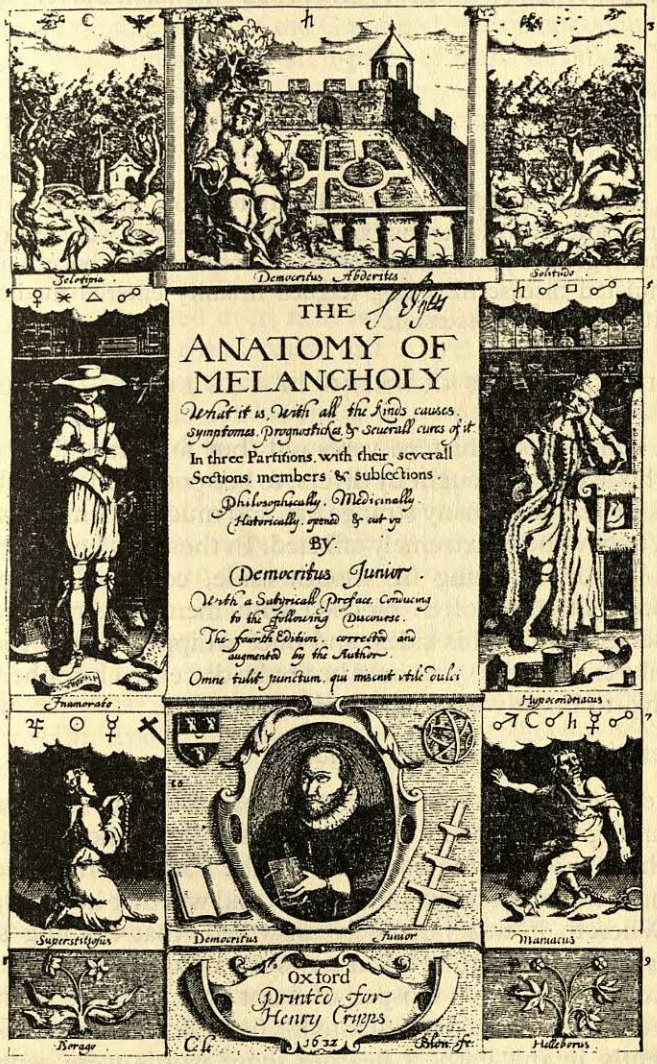


FIG. 24 Engraved title-page of the fourth edition of Robert Burton's *Anatomy of melancholy*, 1632.

RICHARD BADDELEY (1586–1670)

BA Cantab., secretary to the Bishop of Durham

The boy of Bilson: or, a true discovery of the late notorious impostures of certaine Romish priests in their pretended exorcisme, or expulsion of the divell out of a young boy, named William Perry, 1622 *London, Barret* pp. 59-60, 62-4

This early study in 'child psychiatry' illustrates how under the stimulus of witch-finding patients with nervous and mental symptoms were examined more carefully and in greater detail than ever before and how the concept of 'counterfeit' or simulated disease including feigned insanity entered medicine in the room of witchcraft and possession.

THE EGREGIOUS CUNNING OF THE BOY OF BILSON

This Boy, being about thirteen yeres old (but for wit and subtilty farre exceeding his age) was thought by divers, to bee possessed of the Divell and bewitched, by reason of many strange fits, and much distemper, wherewith he seemed to have been extremely affected. In those fits hee appeared both deafe and blinde, writhing his mouth aside, continually groning and panting, and (although often pinched with mens fingers, pricked with needles, tickled also on his sides, and once whipped with a rod, besides other the like extremities) yet could he not be discerned by either shrieking or shrinking, to bewray the least passion or feeling.

The meanes of discovering his dissimulation

The Father of the Boy (an honest Husbandman of sufficient ability, innocent and ignorant of any practice in his child) came with an Aunt of his to see him: when, being out of his fit, the Father earnestly demanded what might bee thought of his sonnes case, and whether he were possessed, or not? Whereto it was purposely answered, that nothing seemed so marvellous, or so much to betoken any such thing, as that at the hearing of those words of the holy Gospell of Saint John, (In the beginning was the Word, &c.) he still used to fall into his fits. For further proofe whereof, then presently in the Fathers hearing those words were repeated; and accordingly upon the repetition thereof the Boy fell instantly into his fit. Lo (quoth his Father then) doe you see? what thinke you of this? This (said the Bishop) doe I like very well; for upon this must I begin to worke.

The same day in the afternoone (when word was brought that the Boy did speake) divers resorting unto him, the Bishop calling for a Greeke Testament, said unto him; Boy, it is either thou, or the divel, that abhorrest those words of the Gospel: and if it be the divell, he (being so ancient a scholer as of almost 6000. yeeres standing) knoweth and understandeth all languages in the world, so that he cannot but know when I recite the same sentence in the Gospell out of the Greeke text: but if it be thyselfe, then art thou an execrable wretch, who playest the divels part, in lothing that part of the Gospell of Christ, which (above all other Scriptures) doth expresse the admirable union of the God-head and manhood in one Christ and Saviour; which union is the arch-pillar of mans salvation. Wherefore looke to thy selfe, for now thou art to bee put unto triall; and marke diligently whether it be that same Scripture which shall be read unto thee; at the reading whereof thou doest seeme to be so much troubled and tormented.

Then was read unto him, in Greeke, the twelfth verse of the first chapter of Saint Johns Gospell . . . which he supposing to be the first verse, did accordingly, as he was formerly wont, fall into the passion of a trance. This being quickly passed over, next was read unto him, in Greeke, the first verse, being indeed the aforesaid text . . . yet he suspecting that it was not the same text, was not any whit troubled therewith.

By this meanes was his notable fraud, in a manner, fully discovered, in so much that he seemed to be greatly confounded heerewith: notwithstanding, staring with his eyes, and casting his head on both sides of the bed, whereon he lay, that he might dissemble his dissimulation the better, hee told the company that he was troubled at the sight of 2. mice.

After this discovery, (to the end that he might be freed from further triall, and bee sent home againe to his father) hee complained of extreme sicknesse, and by writing, as well as hee could, did signifie that he had a great paine in his belly: and the morning following, making water in an Urinall, his water was as blacke as Inke; for there were some that writ very legibly therewith. And in the like sort, two dayes following hee seemed to make water of the same colour. Which that hee might the more cunningly dissemble, hee, in the making thereof vehemently groned; and thereupon one comming into the roome to him, the Boy did shew him his manner of making water, whereof a little remaine came then from him, of the same blacke tincture, which hee purposely had reserved within the skinne, to make semblance that it so came immediately from him. But the third day following (which was the Lords day) by diligent watchfulnesse, and other meanes which was used to observe him, hee was espyed mixing Inke with his Urine, and nimbly conveying the Inkhorne into a private place. When being suddenly deprehended in this his conveyance, after an earnest, but loving exhortation made unto him, this deafe began to heare, and dumbe to speake: and at the sight of his ungracious and godlesse practices, he brast out into plentifull teares, confessing all, to his owne shame.

EDWARD WARNER'S WILL

COMPETENT PHISICK FOR THE MAD, 1628

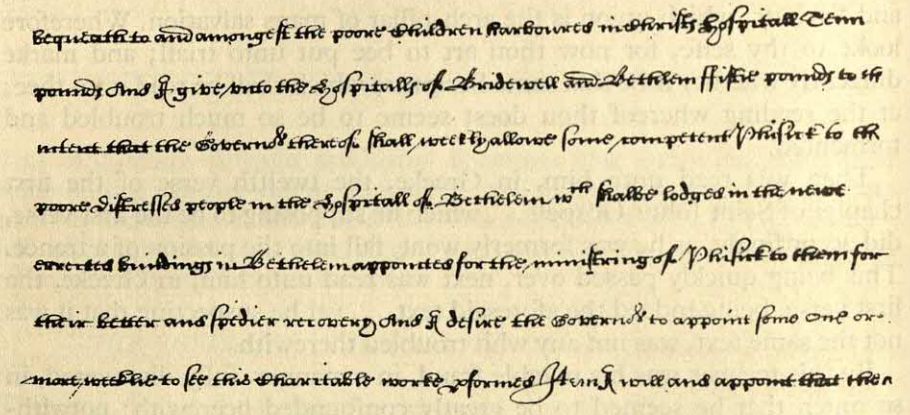


FIG. 25 Bequest of Edward Warner merchant of London, 1628, to 'allowe some competent Phisick to the poore distressed people in the Hospitall of Bethelem'. The reference to the 'newe errected buildings' is the only record that the hospital was enlarged at that time (*Somerset House*).

Transcript of document illustrated in Fig. 25 above

'And I give unto the Hospitalls of Bridewell and Bethlem ffiftie pounds to the intent that the Governors thereof shall weekly allowe some competent Phisick to the poore distressed people in the Hospitall of Bethelem which shalbe lodged in the newe errected buildings in Bethelem appointed for the ministring of Phisick to them for their better and spedier recovery And I desire the Governors to appoint some One or more weeklie to see this charitable worke performed . . .'

HELKIAH CROOKE (1576–1648)

MD Leyden & Cantab., FRCP, physician to James I; third medically qualified 'keeper' of Bethlem Hospital 1618-1634

1. *The case of Edmund Francklin a lunatic*, circa 1630 *Bedford County Record Office*, Francklin MSS., FN. 1060-84

2. *An enquiry into the affairs of Bethlem Hospital*, 1633 *Public Record Office* State Papers (Domestic Series), vol. 237 (5) MS.

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1. This account of one of Crooke's private patients illustrates the legal procedure by which an insane or mentally defective person of property was deprived by the Court of Wards of the management of his affairs and a Committee of the Person established. When the patient became unmanageable a further order was required to place him under restraint – a procedure equivalent to present-day certification or committal. It is perhaps also the earliest documentary record of a domiciliary visit by a psychiatrist.

COMMITTAL OF A LUNATIC

Edmund Francklin of Bolnhurst in the County of Bedford Esqr. by Inquisition bearing date the 9th of January 3° Caroli taken at Bedford was found a Lunatique and that he was not able to govern his Estate. The tuition and government of the said Edmund Francklin and his Estate was by Indenture under the Seale of the Court of Wards bearing date the 20th of January 3° Caroli Committed to George Francklin, Nicholas Francklin and John Francklin his Brothers.

The said Edmund Francklin hath ever since the said Commitment been violent & outragious in his Carriage divers several times sometimes more sometimes less, and within the space of two yeares last past hath divers several times behaved himself in manner following.

Disturbed the Minister in the Church when he was preaching several times within the space aforesaid. And in the Church in Divine Service In July last, at Sermon time, used these words, That his Brother George was God the Father, His Son, God the Sonne and the Lady Dyer God the Holy Ghost. He hath divers times . . . said that he was God, that he suffered more than Christ, that the wine at his own Table was better than the Communion, not suffer Grace to be said at his Table, nor prayers in his house as was customably and duly used heretofore. He hath . . . spoke unfittingly of diverse Noblemen and Gentlemen in the Country, and of his

Father and Mother, and saying that he killed his Father and two of his Sisters and would kill the rest meaning his Brothers before he had done. He hath . . . often broke Glass Windowes and divers bays of walls, threw divers things of value secretly into the Fire; and some into the ponds, and as he sat at Meat would mangle and cut the Meat unfittinglie and throw it to the Doggs. About a Month before Christmass last he fell upon Mr Roper, a Gentleman whom Mr Fitzgeoffry brought to his house threw him down and stabbed at him with a knife because he seemed to contradict him when he said he was his God . . . Since Easter last he hath fallen with violence upon his Brother . . . threw a great Iron Jack winch, and a great Stone at him, threatned to shoot him, to cut his throat and to kill him . . . he continually lay in wait for him . . .

During the time of this his Commitment he never medled with his Estate received no rents, nor disposed of his Lands either by Letting or other managing . . . And by the opinion of all the Country that are understanding and have heard of or seen his Carriage, thought unfit to manage his Estate. The said Edmund Francklin so demeaning himself and being in such estate and there being divers plots upon him to marry him unworthily, and to draw him into greater expences than his Estate would bear, for preventing of these mischiefs and restraining his dangerous violence the said George Francklin one of the Committees in the presence of Mr. Richard Taylor and Nicholas Francklin another of the Committees made complaint about the latter end of Trinity terme last to the Attorny of the Court of Wards, of the danger his person was in, in respect of the said plots, and his Estate by such expences, and of his Carriage & Demeanor in general, and of his particular Carriage to him,



FIG. 26 Centre of engraved title-page of the 'second' (actually third) edition of Helkiah Crooke's *Mikrokosmographia*, 1631 – the first print of a public anatomy of the brain. The author is seated in the foreground, his demonstrators pointing at the head.

and made Affidavit thereof and thereupon had an order for his restraint.

The said George Francklin by the advice and Consent of Mr. Richard Taylor, and of Nicolas Francklin another of the Committee did agree with Dr. Crooke, Censor of the College of Physicians, Sworn Servant to King James, and intrusted by the King with the government of the great Hospital of Bethlehem in London for to pay him after the rate of two hundred pounds a year for the Physick, Diet, Clothes, Lodging, washinge and all things necessary for the said Edmund, and two Men Servantes to attend upon him, so long as the said Edmund Francklin should be with him. And thereupon the said Doctor Crooke came down . . . from London in his Coach and four Horses, attended with three men and came to the said Edmunds house about Seven of the Clock in the morning, the Committees being then in the house, and all the Servants stirring up and down the house, and did see what & in what manner it was done, and finding him in bed intreated him fairly, caused him to make him ready, and to break his fast and carried him to London to the Doctors own house where he was fairly intreated and well used & carefully provided of a good Lodging and wholsome and good dyet, according to the Quality of his person and nature of his Infirmity.

2. Although some monastic foundations and almshouses admitted insane persons, St Mary of Bethlehem founded in 1247 was the only one which from the end of the fourteenth century devoted itself entirely to such patients; and until the eighteenth century it remained the only public institution of its kind. By 1547 when it was given by Henry VIII to the city of London as a hospital for lunatics, its name had been corrupted to Bethlem or Bedlam, and bedlam had become synonymous with madhouse and madness. The reports of public enquiries into its affairs are a valuable source of information about the treatment and conditions of the insane at various periods, and also reflect the social conscience of the time. The Parliamentary Reports 1815-6 in particular were a landmark in the history of psychiatry, because the practices and abuses revealed stimulated large-scale and lasting reforms.

One of the earliest enquiries involving a medical man took place in 1632-4 while Bethlem was under the superintendency of Dr Crooke, best known for his anatomical textbook [see FIG. 26], and led to his dismissal. This painstaking enquiry shows how jealously the city fathers of London guarded the welfare of their insane poor despite the surprisingly small number – only about 30 – which this famous hospital contained, and from it emerges a detailed picture of its internal management and how it was supported by voluntary contributions in money and kind. It is clear that the hospital was intended essentially as a place of cure, so that the modern criticism that the mental hospitals of former centuries provided only custodial care and neglected their curative function cannot be sustained. It only became true to some extent from the second half of the nineteenth century when their ever increasing size, inadequate medical staff, insufficient means and overcrowding with a preponderance of severe and chronic cases many of whom suffered from irremediable organic conditions, made individual treatment impossible. By this time too so much fight and effort

had gone for so long into asylum reform and humane treatment culminating in the non-restraint system [see Conolly 1856] that the belief arose that kindly management by itself was all that was required for patients to recover.

ENQUIRY INTO THE AFFAIRS OF BETHLEM HOSPITAL

May it please your Lordshipps

In obedience to the order of reference made unto us from this honorable Bourd of the 9th of November last Wee had neare twentie severall meeteings, & did at all of them give notice unto Doctor Crooke to come unto us, who for the most parte accordingly came, though he sometimes pretended other occasions. And wee did at all those times heare at large his Verball answeares unto those things, wherewith hee is charged; and he desireinge further sometimes a fourtenight sometimes three weekes space to give up his answeare in writing, and to make up the accompts of his receipts and disburstements touching the Hospitall of Bethlem, wee did accordingly satisfie his desire, and have received from him these anweares followinge.

To the first Article of his Charge, viz: for the raiseing of his quarterly Bills given in to the Governors of Bridewell from 17 *li* & odd money (which was the ordinary proporcion of them at his first comeinge to that place Anno 1619) by degrees, untill they came to 55 *li* and 56 *li* as they did at the time of the makeing of the former Certificate; He answeared, that the reason thereof, was the increase of the number of distracted persons; which at his comeing in were not above 23 but did afterwards rise higher to the number sometime of 30-34 and 36 persons: But wee find that they were very seldome soe many, and when they were, they continued not long soe, and were not at the time of the makeing of the first Certificate above 27: and to take the rate at the highest, that could not increase the Bills above 8 *li* or 8 *li* 10 *s* quarterly, untill within these two last yeares, when the allowance to the poore was raised from 12 *d* by the weeke to 2 *s* by order of this honorable Bourd: And for many of those poore, he received besides for some 2 *s* some 3 *s*, 4 *s*, 5 *s*, and 6 *s* by the weeke of their freinds or parishes, as was formerly Certified. So as we conceive that it was not the number of the poore persons alone, that raised his bills to that height.

To the second Article, viz: That soe much money being paid unto Doctor Crooke quarterly, it cannot be but the greatest parte thereof must come clearely into his owne purse, by reason that the weekely releife sent in from the Lord Mayor and Sheriffes and other casuall benevolences have for the most parte defrayed the Charge of the distracted persons dyet: The Doctor Confesseth, that for some weekes it doth soe, but not for the most parte: Yet wee find what was formerly Certified in that pointe, to be confirmed by divers Bills which wee have since seene of manie pointes of Beefe, Sheepes-gathers, and other parcelles of meate, besides manie Dozens of Bread weekely sent in to the Hospitall out of the severall

Marketts of the Cittie, and sometimes twice or thrice in one weeke, and besides some other constant benevolences, of 12 *d* by the weeke sent in by divers persons, not appeareing when the former Certificate was made.

To the Third Article, viz: That it appeared by the Stewards accompts in the yeares, 1623, 1624, and 1625, that Doctor Crooke had not paid above 8 *li* to his Steward that then was, towards the releife and feedeing of the poore in that Hospitall, of all that he had received by his Bills; And that whereas in These two last yeares, viz: from Michaelmas 1630, to Michaelmas 1632 Doctor Crooke had received upon his Bills, 389 *li* –5 *s* –8 *d*, his present Steward hath not in all this time received of him above 86 *li* –6 *s* – 6*d*. To the former parte of this Article it is answeared, that there is in it a mistake, for upon a more exacte search made into the Stewards accompts for those Three yeares, it appeareth that the then Steward had in those yeares received of Doctor Crooke, 18 *li* of which 15 *li* hath bine by us found out to be entred in the Stewards booke as paid by an obscure and unknowne person, but now appeareing to be paid by the said Doctors direccion, which formerly appeared not: But for the latter parte it is not, nor cannot be denied: Nay we have found further by the said Stewards bookes for these 2 last yeares, that sometimes for 6 or 7 monethes together he received not one penny from the said Doctor . . .

And besides our not questioning the Fees which we have since understood he useth to take for the admission of every distracted person; whereof untill now wee have had noe notice; & which, after the rates taken by him, cannot but arise to a greate summe. For the last Article of the said Doctors charge viz: That notwithstanding the greate benefitt which wee conceive he maketh of the place, he hath seldome used to looke or come into the said house, except it be towards the quarter day when he is to make up his bills; Wee find that Article noe way disproved, nor that hee hath of long time used any endeavour for the cureing of the distracted persons: Onely he alledgeth that at his first comeing to the place, he cured 17. and since that time, he hath not endeavoured any thinge, because he saith the Governors of Bridewell doe refuse to pay him his Apothecaries bills: Which wee doe not finde they would refuse, soe they might see any of the destracted persons cured, or attempted to be cured by him; and payment hath bene tendered him, but he hath done nothing. And for a further testimonie of his inclinacion rather to benefitt himselfe then to helpe the poore, it hath bene proved unto us, that Notwithstanding the greate quarterly allowance he receiveth upon his bills, and contribucion that he hath from the parishes and freinds of divers of the distracted persons; Yet he will seldome receive any into the Hospitall though upon any Aldermans, or the Lord Mayors warrant, except they give him a Fee of 20*s*–15*s*, or 10*s* for their first admission, or as they cann agree with him: whereof (besides others heretofore) wee had Two particular instances proved before us in this last moneth of March: And we charging the Doctor therewith, he avowed them, and stood upon those Fees as of right

belonging to him, affirminge that the Governors of Bridewell or Cittie of London were not to controll him therein, but that he might take what Fees he could gett, and was to make noe accompt to them . . .

All which premisses considered, since the said Doctor hath broken all the Condicions upon which he was admitted, and for that (notwithstandinge) the alowance he hath weekely in certainties, and casualties is neare double to that which other Hospitalls have, yet the poore are in none of them soe ill ordered and provided for, as in this: and for that he doth nothing at all towards their cure, and will for the most parte receive none upon any warrant but with such exactions as are formerly Certified, how fitt the said Doctor may be held to be further trusted with the governement of the said Hospitall, and how worthie to carie away the greatest parte of the revenew thereof besides what he otherwise exacteth, We most humbly submitt to your Lordshipps grave wisedome and judgment.

Your Lordshipps most humbly to be Commaunded

Geo: Whitmore Henrie Garwaie Laur: Whittaker John Withers

17. Aprill. 1633.

JOHN HAWKINS

HYPOCHONDRIAC MELANCHOLY, 1633



DISCVRSVS
DE MELANCHOLIA
HYPOCHONDRIACA PO-
TISSIMVM.

Ex occaſione Affectus cuiuſdam perillu-
ſtris Heroinæ habitus.

Omnibus cuiuſcunque generis ſtudioſis,
apprime vtilis.

AVCTORE

IOHANNE
HAWKINS MEDI-
CINÆ DOCTORE
ANGLO.

Afflictus & humiliatus ſum nimis: rugiebam à gemitu cordis mei. Pſalm 37.
Nihil eſt melius pietate. Pium enim neque malus Genius neque
paſſiones omnino perdunt.
TRISMEGIST.

EXCVSVM HEIDELBERGÆ,
Typis VVILHELMI FITZERI ANGLI, ELECT. PALATINATVS
Typographi, per Davidem Fuchs, Anno M. DC. XXXIII.
CXXIV.

FIG. 27 Title-page of *Discursus de melancholia hypochondriaca potissimum*, 1633, printed at Heidelberg by William Fitzer 'Englishman' who five years earlier had printed Harvey's *De motu cordis* at Frankfurt (with as many printing errors and on equally poor paper).

The author John Hawkins, MD (Padua), practised in London in the 1620s but emigrated on account of his catholic allegiance. His book was the first on 'hypochondriac melancholy', and incidentally the first on a psychiatric subject written by an Englishman in Latin and published abroad. By this 'little work' Hawkins hoped to dispel what was at once 'an erroneous belief . . . and a disgrace to the medical profession' namely that 'this disease is incurable, nay even incomprehensible'. He described its symptoms 'in the case of an illustrious and well-known heroine', actually Queen Elizabeth of Bohemia, daughter of James I. She was 'miserably beset by grief and fear, without manifest cause, and troubled with various anxious and painful thoughts, almost to the point of madness' – the symptoms of melancholy. Her hypochondriac symptoms were 'twitching of the stomach [which patients nowadays call butterflies], rumbling in the guts, palpitation of the heart, attacks of trembling and swooning, sleeplessness and loss of weight'.

RICHARD SIBBS (1577–1635)

MA, DD Cantab., divine; Preacher at Gray's Inn; Master of St Catharine's Hall, Cambridge

The soules conflict with it selfe, and victory over it selfe by faith. A treatise of the inward disquietments of distressed spirits, with comfortable remedies to establish them, 1635 *London, Dawlman* pp. 141-3, 146-7, 151, 233-5

The ancient idea of conflict in man between good and evil gave rise to the theory that mental illness or 'the soules disquiet' arose within the patient from psychological conflict between his better self and his baser nature or instincts. Sibbs showed how conflict could lead to 'the whole man' becoming 'distempered', in other words insane, and realised that 'conceived troubles' or 'imagination' – today called fantasies – may 'have the same effect upon us, as true'. This book is representative of a number of similar theological works which contain early psychiatric ideas bearing particularly on psychotherapy. With it may be mentioned *The soules miserie and recoverie: or, the grieving of the spirit how it is caused, and how redressed,* 1636 by 'Samuel Hoard, B. D. and Parson of Morton in Essex'.

THE SOULES CONFLICT

We see, that the soule hath disquiets proper to it selfe, besides those griefes of Sympathy that arise from the body; for here the soule complains of the soule it selfe, as when it is out of the body it hath torments and joyes of its owne. And if these troubles of the soule bee not well cured, then by way of fellowship and redundance they will affect the outward man, and so the whole man shall be inwrapt in miserie . . . If there were no enemie in the world, nor Devill in hell, we carry that within us, that if it be let loose will trouble us more then all the world besides . . . Therefore we must conceive in a godly man, a double selfe, one which must be denied, the other which must denie; one that breeds all the disquiet, and another that stilleth what the other hath raised . . .

That which most troubles a good man in all troubles, is himselfe, so farre as he is unsubdued; he is more disquieted with himselfe, than with all troubles out of himselfe; when hee hath gotten the better once of himselfe, whatsoever falls from without, is light; where the spirit is enlarged, it cares not much for outward bondage; where the spirit is lightsome, it cares not much for outward darkenesse; where the spirit is setled, it cares not much for outward changes; where the spirit is one with it selfe, it can beare outward breaches; where the spirit is sound, it can beare outward

dyed on the Six and twentieth day of the ſame moneth : having continued in perfect health from the beginning of the Contagion to this fore-mentioned houre of his miſ-informed feare. Now this Feare did not ariſe from danger of Infection, and yet it drew it on. How much more then does the feare of the ſame cauſe worke it ? I need bring no Examples for proofe : for in every place I heare living witneſſes of ſuch as dyed of the *Plague*, ſtricken onely with the feare of it : And therefore I cannot thinke any mans ignorance can plead againſt it.

How Feare brings Infection.

Yet I will give a reaſon for it ; becauſe of all Paſſions, *Feare* is the moſt peſtilently pernicious : *And this it is :* Feare enforces the vitall Spirits to retire inward to the heart : By which retyring they leave the outward parts infirme, as appeares plainly by the paleneſſe and trembling of one in great feare. So that the walls being forſaken (which are continually beſieged by the outward ayre) in comes the enemy boldly ; the beſt ſpirits that ſhould expelled them having cowardly founded retreat : In which with-drawing, they draw in with them ſuch evill vapours as hang about the outward pores ; even as the Sunne drawes toward it the vapours of the Earth. And hence is it, that *Feare* brings *Infection* ſooner then any other occaſion.

The way of curing Paſſions.

This therefore ; and all other *Paſſions* muſt (by a wiſe watching over our ſelves) be beaten off, whenſoever they but offer to ſet upon us. But theſe are diſeaſes of the *Soule*, whoſe *Phyſicians*

FIG. 28 Page from *Physick for the sicknesse, commonly called the plague,* 1636 (London, Fisher) by Stephen Bradwell, LRCP, explaining how the 'Passions' especially 'Feare' may predispose the body – the soil – to the seed of '*Infection* or *Contagion*'.

sicknesse. Nothing can bee very ill with us, when all is well within. This is the comfort of a holy man, that though hee bee troubled with himselfe, yet by reason of the spirit in him which is his better selfe, hee workes out by degrees, what ever is contrary . . . Hee that is at peace in himselfe, will be peaceable to others, peaceable in his family, peaceable in the Church, peaceable in the State; The soule of a wicked man is in perpetuall sedition; being alwayes troubled in it selfe, it is no wonder if it be troublesome to others. Unity in our selves is before unity with others . . .

Now the reason why imagination workes so upon the soule, is, because it stirres up the affections answerable to the good or ill which it apprehends, and our affections stirre the humors of the body, so that oftentimes both our soules and bodies are troubled hereby.

Things worke upon the soule in this order. 1. Some object is presented. 2. Then it is apprehended by imagination as good and pleasing, or as evill and hurtfull. 3. If good, the desire is carryed to it with delight: if evill, it is rejected with distast, and so our affections are stirred up sutably to our apprehension of the object. 4. Affections stirre up the spirits. 5. The spirits raise the humours, and so the whole man becomes moved and oftentimes distempered; this falleth out by reason of the Sympathy betweene the soule and body, whereby what offendeth one redoundeth to the hurt of the other.

And we see conceived troubles have the same effect upon us, as true. Jacob was as much troubled with the imagination of his sonnes death, as if hee had been dead indeed; imagination though it bee an empty windy thing, yet it hath reall effects. Superstitious persons are as much troubled for neglecting any voluntarie service of mans invention, as if they had offended against the direct commandement of God: thus superstition breeds false fears, and false feare brings true vexation.

JOHN SYM (?1581–1637)

Minister of religion at Leigh in Essex

Lifes preservative against self-killing, 1637 *London, Dawlman & Fawne* (pp. xxxviii+326+xviii) pp. 250-1, 259-60, 290-1, 316-7, 323

This extensive treatise on suicide was written by a country clergyman with wide experience in counselling the mentally ill including potential suicides in his 'ministry these seaven and twenty yeares and upward'. His reputation was such that 'he hath for many yeares beene accounted an Oracle where he lives: and by all sorts, resort is made to him to be resolved in intricate doubts'. In the passages chosen Sym discussed the relation of suicide to mental illness and why he considered that not all suicides were sinners in a state of damnation but many sick in mind and not responsible. The same point was made by John Donne (1573-1631), the poet dean of St Paul's in his posthumously published *BIAΘANATOΣ. A declaration of that paradoxe, or thesis, that selfe-homicide is not so naturally sinne, that it may never be otherwise*, 1646, in which he observed that 'wheresoever you finde many and severe Lawes against an offence it is not safe from thence to conclude an extreame enormity or hainousnesse in the fault, but a propensnesse of that people, at that time, to that fault'.

Sym's psychotherapy was surprisingly enlightened and is revealed in his statement that suicide may be prevented 'not so much by arguments against the fact . . . as the discovery and removall of the motives and causes'. This shows that he knew better than to attempt to reason patients out of their depression 'by arguments against the fact' or covering up, but used the modern approach 'the discovery . . . of the motives', that is uncovering or analysis.

SELF-MURDER

Of Phrensie occasioning self-killing

The seventh motive occasioning self-killing, is phrentick distemperatures; which are either voluntarily contracted and entertained, as in violent passions of love, anger, and the like; whereby some kill themselves: or else they are involuntary, and such as man is but passively affected with, and subject to; whereby a man being deprived of the use of reason, doth most unreasonable actions, as to kill himselfe, or his dearest friends . . . This involuntary phrentick distemperature is either naturall, or spirituall. Naturall, is first in persons from their birth, wanting the use of reason, and disposed to mad prancks, by a depraved disposition, or deficiency . . . Secondly, it is in mad men and lunaticks, who are inclined to do unreason-

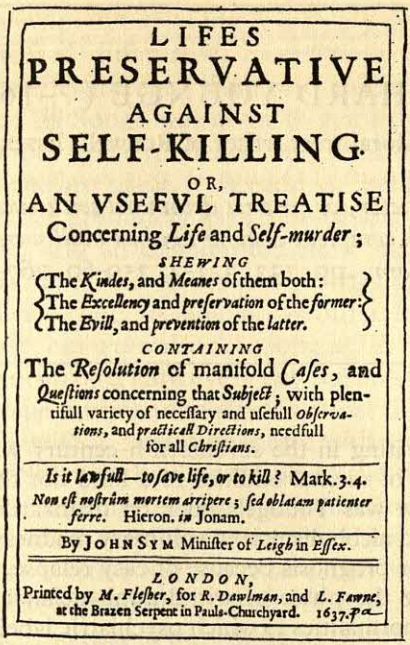
able harmefull acts, without any respect of good to themselves . . . Thirdly, it is in extreame melancholick persons, who are possessed with direful apprehensions, and oppressed with uncomfortable sadnesse, and are driven into fearefull resolutions, sometimes of self-murder . . . The distemperature of spirituall phrensie in a man, which occasions self-murder, is that which deprives a man of the use of spirituall reason and divinity, that hee hath in him, and inclines him to do acts contrary to grace and naturall reason.

Of the signes of self-murder

The signes of self-murder, are especially foure. First, the unwoonted affectation of solitarinesse by persons disposed and fit for self-murder, upon some of the precedent motives, whereby they estrange themselves from all company and meanes, whereby they might bee comforted and upheld . . . The second forerunning note of self-murder is a strange and sudden neglect of necessary duties of a mans calling, civill and divine, and a regardlessenesse of those persons, and things in the world that he most affected . . . The third signe foregoing self-murder, is a strange change in outward behaviour, with gastly lookes, wilde frights and flaights, nestling and restlesse behaviour, a mindlessenesse and close dumpishnesse, both in company and in good imployments; a distracted countenance and cariage; speaking and talking to, and with themselves, in their solitary places and dumps; reasoning and resolving with themselves about that fact, and their motives to it, in a perplexed disturbed manner, with the like. The fourth precedent note of self-murder, is the speeches and actions of such persons immediately before the fact: which are some words of threatning or fore-telling something that may import so much; as that his friends shall not have him long to trouble them; or he will very shortly be rid out of all these troubles.

That all that kill themselves are not properly Self-murderers, nor in their estate of damnation

All that fall by their owne hands, or meanes are not self-murderers; as hath beene formerly shewed in divers exempt cases in the chapter of direct bodily self-murder . . . For, although all self-murderers are self-killers, yet all self-killers are not self-murderers: they are not termes convertible, or reciprocall; because, although they may agree, and be the same in the materiall part, or substance of the action; yet they doe differ in their forme and nature of Anomy, or sinfulnesse . . . Whereupon, not only by the verdict of divine reason; but even also by the Courts of humane Judicature, about *feloes de se*, such are acquitted . . . As if a Child kill it selfe, that hath not attained to age of discretion, or to use of reason; or, if a man, or woman kill himselfe, that is an Ideote, or naturall foole; or is mad, constantly, or in a fit of Lunacie; or of a Fever; or Calenture; or in a fit of Phrensie (how ever involuntarily contracted;) or by mischance; no Court of equity,



LIFES
PRESERVATIVE
AGAINST
SELF-KILLING.
OR,
AN VSEFVL TREATISE
Concerning *Life* and *Self-murder*;
SHEWING
The *Kindes*, and *Meanes* of them both:
The *Excellency* and *preservation* of the *former*:
The *Evill*, and *prevention* of the *latter*.
CONTAINING
The *Resolution* of manifold *Cases*, and *Questions* concerning that *Subject*; with plentifull variety of necessary and usefull *Observations*, and *practicall Directions*, needfull for all *Christians*.
Is it lawfull—to save life, or to kill? Mark. 3. 4.
Non est nostrum mortem arripere; sed oblatam patienter ferre. Hieron. *in* Jonam.
By JOHN SYM Minister of *Leigh* in *Essex*.
LONDON,
Printed by *M. Flesher*, for *R. Dawlman*, and *L. Fawne*, at the Brazen Serpent in Pauls-Churchyard. 1637.

FIG. 29 Title-page of John Sym's *Lifes preservative against self-killing*, 1637, the first English book on suicide.

or Justice, in advised well informed proceeding, will condemne such an one for a self-murderer; and accordingly so dispose of his body, and goods, as of self-murderers.

Caveats and observations about confession

Touching this confession, in this case fower things as Caveats are to bee carefully observed; that men under such temptations may have good by this course. First, they are to bee circumspect and warie whom they choose to open their state, and confesse themselves to. That they be not people undiscreet; or of weake Judgments, and little experience in such cases of conscience; Whereby such an afflicted person shall have no benefit by them; but, both he and they perhaps much hurt, by such Physitians of no value; who may be infected themselves with that mans disease which they cannot cure . . . what cannot be effected at once, repetition may worke; and the victory be got, and the cure accomplished; suddaine cures are commonly unsound; and to leave them over-soone argues too much neglect of them; and also the disease is not fully discovered, when they suppose the same is healed. Self-murder is prevented, not so much by arguments against the fact; which disswades from the conclusion; as by the discovery and removall of the motives and causes, whereupon they are tempted to do the same: as diseases are cured by removing of the causes, rather than of their symptoms.

RICHARD YOUNGE (?–1671)

Moral tract writer of Roxwell, Essex

The drunkard's character, or, a true drunkard with such sinnes as raigne in him . . . Together with compleat armour against evill society . . . By R. Junius, 1638 *London, Latham* pp. 132, 321-3, 259-60, 267-8, 272-3

A popular form of writing in the seventeenth century was 'characters' which included descriptions of mental oddities of a kind not then found in medical writings. One of these was Younge's book on drunkards and drunkenness in which he characterised alcoholism as 'a voluntary madnesse . . . the Kings evill of the soule' with poor prognosis because of easy relapse, shallow memory and risk of suicide during the phase of withdrawal melancholy. Some contained sketches of mental abnormalities to which psychiatric labels came to be attached only much later like Richard Flecknoe's *Enigmaticall characters, all taken to the life, from severall persons, humour, and dispositions* (London 1658) which pictured an anxiety state as 'one who troubles her self with every thing' and described what is today called an obsessional ruminator as 'an irresolute Person': 'he hovers in his choice, like an empty Ballance with no waight of Judgement to incline him to either scale . . . every thing he thinks on, is matter of deliberation . . . and he does nothing readily, but what he thinks not on . . . when he begins to deliberate, never makes an end . . . Has some dull *demon* cryes, *do not, do not* still, when hee's on point of doing any thing . . . He plays at *shall I, shall I?* so long, till opportunity be past . . . and then repents at leasure'.

DRUNKARDS AND DRUNKENNESSE

As touching memory, they have hardly any at all; for the abundance of wine hath drowned and mudded that noble recorder. The drunkard first speakes he knowes not what, nor after can he remember what that was he spake; it is the funerall of all a mans good parts. A drunkards mind and stomack are alike, neither can retaine what they receive; deep drinkers have shallow memories. Have you not heard of one drunkard, that sought all the Innes in the Towne for his Horse, when indeed he came thether on foote? of another, that was halfe perswaded by the Chamberlain, that he came thether without his breeches, having laid them over night under his mat, for the more safety of his purse? and I can witness that one of no meane parts, being invited to a buriall, puld out his key in the Church (being halfe a sleepe, halfe awake) and knockt on the pew crying, Drawer, what is to pay? . . .

It may be you have not noted it; but it is a very difficult and hard thing, to name one habituated, infatuated, incorrigible, cauterised Drunkard, that ever was reclamed with age. What said an experienced Gentleman, being informed that his Sonne was given to gaming, whores, prodigality, &c? There is yet hope; age, experience, and want of meanes will cure all these; but when, in the last place, it was added, that he was poysoned with drunkennesse; then hee absolutely gave him for lost and dead, his case for desperately forlorne, and so disinherited him; because this sinne, hee knew, increased with age, and would not part till death.

A Gamester will hold out, so long as his purse lasts: an Adulterer, so long as his loynes last; but a *drunkard*, so long as his lungs and life lasts . . .

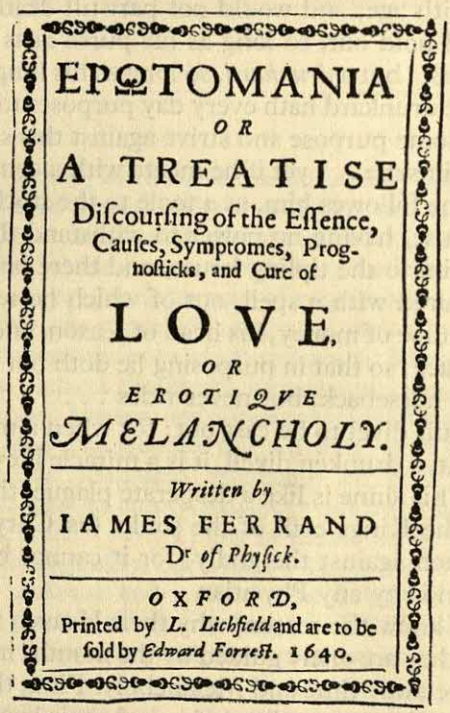
Yea, suppose the drunkard hath every day purposes to forsake his sinne; as I have knowne some purpose and strive against this sinne, yea so detest and bewaile it in himselfe . . . yet if he meete with a companion that holds but up his finger, he followes him, as a foole to the stockes, and as an Oxe to the slaughterhouse, having no power to withstand the temptation, but in hee goes with him to the tipling house, and there hee continues as one bewitched or conjured with a spell, out of which he returnes not, till he hath emptied his purse of money, his head of reason, and his heart of al his former seeming grace: so that in purposing he doth but imitate S. George, who is alwayes on horseback, but never rides . . .

O this is a difficult divel to be cast out; for when a man is once possest with this evill spirit, a drunken divell, it is a miracle if ever hee become his owne man after. This sinne is like a desperate plague, that knows no cure; it may be called the Kings evill of the soule, (as Chrysostome calls the envie of wicked men against the godly) for it cannot bee cured with the Balme of Gilead, nor by any Physitian . . .

Now if you will know the reason, why their Heaven is the Taverne . . . why, like Horses, they are onely guided by the mouth; in short it is mostly, that they may drive away time and Melancholy. First, the pot is no sooner from their lips, but they are melancholy, and their heart so heavy, as if a milstone lay upon it; somewhat resembling flye Pyrausta, which dyeth, if out of the fire . . . they are . . . rackt in conscience, and tortured with the very flashes of Hell fire; which makes them, many times, lay violent hands upon themselves . . . Thus instead of repenting, and labouring in a lawfull calling, which is the only cure of Melancholy (Fulgentius aptly terming exercise, the death of diseases, the destruction of all vices, and only cure of Melancholy) they adde sinne to sinne . . . Secondly, they drinke that they may drive away time . . . Other reasons and causes there bee of it, though indeed there is no reason in it, as first, pride is one speciall cause, covetousnesse, another; cowardlinesse, a third; evill company, a fourth; &c. for they will by no meanes grant that they drinke for the love of drink, any more then the hunts man pursues the Hare, in cold, in heate, over mountaines, and dales, for love of her flesh; no, will these swilbowles say, yea, sweare, that is the basest thing in the world.

JACQUES FERRAND

EROTOMANIA, 1640



EPΩTOMANIA

OR

A TREATISE

Diſcourſing of the Eſſence, Cauſes, Symptomes, Prognoſticks, and Cure of

LOVE,

OR

EROTIQVE

MELANCHOLY.

Written by

IAMES FERRAND

Dr *of Phyſick.*

OXFORD,

Printed by *L. Lichfield* and are to be ſold by *Edward Forreſt.* 1640.

FIG. 30 Title-page of Edmund Chilmead's translation of Jacques Ferrand's *De la maladie d'amour, ou mélancholie érotique* (Paris 1623).

Ferrand apologised for writing 'of this subject, after so many, and so learned Physitians . . . have done so before', but was impelled to for two reasons: 'The first is, that being my selfe a Practitioner in Physicke, I found that most of them handled this disease . . . indifferently, as the other kindes of Melancholies and Madnesses . . . to the great prejudice of the Parties affected, and also . . . of their Physicall Prescriptions. The second reason . . . was to confute the erroneous and impious opinion of some Physitians . . . who although they are Christians, the most of them, doe notwithstanding prescribe for the cure of this disease, Lust, and Fornication.'

EDWARD REYNOLDS (1599–1676)

MA, DD Oxon, King's Chaplain, Bishop of Norwich, Warden of Merton College, Oxford

A treatise of the passions and faculties of the soule of man. With the severall dignities and corruptions thereunto belonging, 1640 *London, Bostock* pp. 31-2, 35, 52-5

Reissued six times by 1658

While many physicians believed that mental illness was due to bodily disease, non-medical writers like Reynolds blamed excess of one or other passion or affection. In line with this he described a type of psychotherapy by 'opposing contrary Passions . . . or . . . scattering and distracting of them' which was often recommended in the seventeenth century and later, and is the rationale which underlies in some measure adjunct therapies (occupational, music and art) of today.

Reynolds's 'Passions' have their modern counterpart in instinctual drives and his 'Affections' in the emotional states accompanying them. His was therefore an instinct theory of mental illness much like Freud's libido theory, and in fact his instincts of 'conservation of themselves' and of 'propagation of their kind' correspond directly with Freud's ego and sex instincts, conflict between which is the basis of the Freudian theory of mental illness.

PASSIONS OR INSTINCTS

Passions are nothing else, but those naturall, perfective, and unstrained motions of the Creatures unto that advancement of their Natures, which they are by the Wisdome, Power, and Providence of their Creator, in their owne severall Spheares, and according to the proportion of their Capacities, ordained to receive, by a regular inclination to those objects, whose goodnesse beareth a naturall conveniencie or vertue of satisfaction unto them; or by an antipathie and aversation from those, which bearing a contrarietie to the good they desire, must needs be noxious and destructive, and by consequent, odious to their natures . . .

Now, this naturall Passion which I speake of, is called by sundry Names amongst Philosophers, the Law, the Equitie, the Weight, the Instinct, the Bond, the Love, the Covenant and League of naturall things in order, to the conservation of themselves, propagation of their kind, perfection, and order of the Universe, service of Man, and glory of the Creator; which are the alone ends of all naturall Agents . . .

We wil here a little observe, what course may be taken for the allaying of this vehemencie of our Affections, whereby they disturbe the quiet, and darken the serenitie of mans Mind. And this is done, either by opposing contrary Passions to contrary; which is Aristotles rule, who adviseth, in the bringing of Passions from an extreame to a mediocritie, to incline & bend them towards the other extreame, as Husbandmen use to doe those Trees which are crooked . . . or else it is done, by scattering and distracting of them; and that not onely by the power of Reason, but sometimes also by a cautelous admixture of Passions amongst themselves, thereby interrupting their free current: For, as usually the Affections of the Mind are bred one of another . . . as Griefe by Anger . . . and Feare by Love . . . and Desire by Feare . . . So likewise are some Passions stopt, or at least bridled & moderated by others; *Amor foràs mittit timorem*, Perfect Love casteth out Feare . . . Thus, as we see in the Body Militarie . . . That one tumult is the cure of another; and in the Body Naturall, some Diseases are expelled by others: so likewise in the Mind, Passions, as they mutually generate, so they mutually weaken each other. It often falleth out, that the voluntarie admission of one losse, is the prevention of a greater: as when a Merchant casteth out his ware, to prevent a shipwrack; and in a publike Fire, men pull down some houses untoucht, to prevent the spreading of the flame: Thus is it in the Passions of the Mind; when any of them are excessive, the way to remit them, is by admitting of some further perturbation from others, and so distracting the forces of the former: Whether the Passions we admit, be contrarie; as when a dead Palsie is cured with a burning Feaver, and Souldiers suppresse the feare of Death, by the shame of Basenesse . . .

Or whether they be Passions of a different, but not of a repugnant nature; and then the effect is wrought, by revoking some of the spirits, which were otherwise all imployed in the service of one Passion, to attend on them; and by that meanes also, by diverting the intention of the Mind from one deep Channell into many crosse and broken Streames; as men are wont to stop one flux of bloud, by making of another; and to use frictions to the feet, to call away and divert the humours which paine the head.

Which dissipation and scattering of Passion, as it is wrought principally by this mutuall confounding of them amongst themselves, so in some particular cases likewise, two other wayes; namely, by communion in diverse subjects, and extention on diverse objects. For the first, we see in matter of Griefe, the Mind doth receive (as it were) some lightnesse and comfort, when it finds it selfe generative unto others, and produces sympathie in them: For hereby it is (as it were) disburthened, and cannot but find that easier, to the sustaining whereof, it hath the assistance of anothers shoulders.

THOMAS FULLER (1608–1661)

MA, DD Cantab., perpetual curate of St Bene't's Church, Cambridge, and Waltham Abbey, Essex; rector of Cranford, Middlesex; chaplain to Charles II

The holy state, 1642 *Cambridge, Williams* pp. 180–1

In this witty passage Fuller pointed out that not all mental defectives betray themselves by their looks but that some can only be ascertained after judicious questioning. This may be read as an early recognition of the need for tests of intelligence.

OF NATURALL FOOLS

They have the cases of men, and little else of them besides speech and laughter. And indeed it may seem strange that *Risibile* being the propertie of man alone, they who have least of man should have most thereof, laughing without cause or measure.

Maxime 1. Generally Nature hangs out a signe of simplicity in the face of a Fool; and there is enough in his countenance for an Hue and Crie to take him on suspicion: or else it is stamped on the figure of his body; their heads sometimes so little, that there is no room for wit; sometimes so long, that there is no wit for so much room.

Maxime 2. Yet some by their faces may passe currant enough till they cry themselves down by their speaking. Thus men know the bell is crackt, when they heare it toll'd; yet some that have stood out the assault of two or three questions, and have answered pretty rationally, have afterwards of their own accord betrayed and yielded themselves to be fools.

Maxime 4. One may get wisdome by looking on a Fool. In beholding him, think how much thou art beholden to him that suffered thee not to be like him: Onely Gods pleasure put a difference betwixt you. And consider that a Fool and a Wiseman are alike both in the starting-place, their birth, and at the post, their death; only they differ in the race of their lives.

Maxime 6. To make a trade of laughing at a Fool is the highway to become one. Tullie confesseth that whilest he laughed at one Hircus a very ridiculous man, *dum illum rideo pene factus sum ille*: And one telleth us of Gallus Vibius, a man first of great eloquence, and afterwards of great madnesse, which seized not on him so much by accident as his own affectation, so long mimically imitating mad men that he became one.

DANIEL OXENBRIDGE (?1576–1642)

MD Oxon, FRCP, physician of Daventry, Northamptonshire and London

General observations and prescriptions in the practice of physick. On several persons of quality, &c. By an eminent London physician. Who was contemporary with Dr. Gifford, Dr. Ridgeley, Dr. Meveral, Dr. Andrews and Sir Theodore Mayerne, physicians in ordinary to King James and King Charles the First, 1715 *London, Mears* et al. pp. 6-9, 17-8

The patients described in this anonymous collection were seen and treated between 1620 and 1640 but the manuscript was not published until 1715 and its author is only now identified. The first case illustrates 'active' treatment of the well-to-do insane in the seventeenth century; the second that of a poor patient who received mainly beer and 'sleepers'. The third describes a patient suffering from plague phobia which had replaced witch and devil phobia, and was itself later replaced by syphilophobia and again nearer the present time by cancerophobia – a progression which suggests that the most dreaded fatality of any given period may become the content of a fixed or delusional fear in melancholy patients overwhelmed by a sense of doom.

TREATMENT OF A WEALTHY AND A POOR MADWOMAN

Mrs. Miller, aged 24, a Cloth-worker's Wife, was mad for two Years, tho' she took many Remedies. I was called in 1628, in the Spring. After a common Glister, I bled her plentifully in the Cephalick Vein, on both Arms, at the Saphena in both Feet, at both the Salvatellas, in the Forehead, under the Tongue, and by Leaches to the Hemorrhoide Vein. I made her drink much Cyder made fresh in the House, with Apples and Water. I temper'd the Atribilarious Humours, with Syrrup of Borrage, Buglos, Endive, Succory, Fumitory, Apples . . . and . . . after the general Evacuations, once in three or four Days, I either bled her or vomited her strongly, or purged her . . . she would vomit 12 times, and purge two or three times downward . . .

After she was generally thus evacuated, I shaved off all the Hair of her Head, and used a Stillicidium daily to her Head of warm Water, wherein the Herbs Rosemary, Sage, Lavender, Betony, &c. were boil'd, and she keep Cloaths wet in the same about her Head, and anointed her Head with Oleum Mandragorae, at Bed-time she bathed her Feet in warm Water to dispose her to sleep; other Opiates she used inwardly, as Laudanum Paracelsi sometimes or Lettice boiled and sweetned with Sugar or an

Emulsion of Barly, with . . . Lettice Seed or white Popy Seed, Diacodium, &c. Outwardly unguent. populeon, and those set down before, *viz.* Oil of Violets, of Nympheae, Roses, &c. to her Head shaved, I apply'd the warm Lungs of Lambs, Sheep, young Whelps, Pidgeons alive. When the Weather grew hot I bathed all her Body in a Bath of lukewarm Water alone, and sometimes Herbs as afore were boiled in it, where she continued an Hour, two or three, and four sometimes.

Goodwife Jackson, aged 39, of a burnt high-coloured sanguine Complexion, black Hair, 12 Years since fell mad, ran up and down the Streets, bare footed, Cloaths torn, Hair loose, was ready to lye down and pull up her Cloaths to every one, pretended Love to one Mr. Holland her Master, then a Prisoner in the King's Bench; at last she tore all things, and struck every one, and was raving mad; being poor, I gave her of Glass of Antimony a Scruple in Beer, each other Morning for 14 Days, then . . . sometimes of Scamony in Beer or Ale, with Nutmeg and Sugar, each other Morning for as long, not omitting Bleeding and Sleepers; and I gave her Broth and Posset-Drink, with much Plantane boiled in it, and this cured her, and she is well to this Day, having been half a Year mad to a high Degree.

Mr. Kyder, aged 55, in the Autumn, 1637, hypochondriacally Melancholy, troubled with Fumes, Frights, Fears, Perplexities, Sadness, Heaviness, discontented with a manifest Occasion; he feared more than ever the Plague, was troubled to hear the Bells toll, had unquiet Sleeps, durst not lye alone in his Chamber, he started and had Frights in his Sleep, and in the Day apprehension of Death and Infamy causelessly; he was very hot in his Hands and Mouth; upon drinking but a little Wine, he had a Pain, Weight and Heaviness at his Heart, and Palpitation thereof, and small Occasions would raise these Fits. I treated him . . . and so was cured, and remains well.

SIR KENELM DIGBY (1603–1665)

Natural philosopher, Fellow and Member of the first Council of the Royal Society

1. *Two treatises. In the one of which, the nature of bodies; in the other, the nature of mans soule; is looked into: in way of discovery, of the immortality of reasonable soules*, 1644 *Paris, Blaizot* pp. 334-6

2. *A late discourse made in a solemne assembly of nobles and learned men at Montpellier in France . . . Touching the cure of wounds by the powder of sympathy . . . Rendred faithfully out of French into English by R. White. Gent.*, 1658 *London, Lownes & Davies* pp. 93-5

First published in French, Paris 1658

Digby was one of the gentlemen scientists of the seventeenth century who observed, recorded and tried to explain all natural phenomena which came their way. In their writings may be found observations and discussions of medical and psychological topics tucked away in unexpected contexts and therefore not linked with later formal investigations, theories and discoveries of which they were often forerunners and which they occasionally even anticipated. To this category belong the four psychological observations selected here from Digby's works. He adduced them to illustrate the power of 'sympathy' and 'antipathy' which were considered basic forces of nature and used to explain the most varied phenomena of the animate and inanimate world. Even the great Francis Bacon had devoted considerable attention to 'the severall Sympathies, and Antipathies, for Medicinall Use' which he was inclined to ascribe to 'the Exciting of the Imagination', as for instance the 'Common Experiment' of 'Taking away of Warts, by Rubbing them with Somwhat that afterwards is put to waste' like 'a Peece of Lard' (*Sylva sylvarum: or a naturall historie*, 1627). This ancient doctrine of attraction and repulsion served to explain not only the spread of disease from person to person, including the epidemics of insanity not uncommon on the continent in the sixteenth and seventeenth centuries; but also the then mysterious fact that some diseases attacked either simultaneously or successively parts of the body distant from their original seat. For example Jorden (1603) used it to explain how 'suffocation of the mother' or disease of the uterus, affected the nervous system and produced symptoms of hysteria, and its later derivative 'conversion hysteria' survives in psychiatric terminology to the present time.

The first extract deals with animal behaviour and in it Digby showed how 'some actions of beastes, that seeme to be formall actes of reason' could be explained by 'assuefaction', a term he applied to the process of producing

artificial responses by combining normally 'frightfull objectes' with 'pleasing circumstances' and *vice versa*. The importance of his concept of 'assuefaction' in animal behaviour is that it contained the germ of Pavlov's work on conditioning and conditioned reflexes in this century while in human behaviour theory it reached its peak in Watson's (1914) behaviourist school of psychology. In passing Digby described a phenomenon which as 'suggestibility' came to play an important part in psychiatry in the second half of the nineteenth century, and observed one of its manifestations, echopraxia. Finally in his account of the Lady Heneage's antipathy to roses he distinguished psychological aversion from physical allergy by a patch-test, the first on record, performed by placing a rose on her cheek 'whiles she was a sleepe' to exclude the influence of suggestion.

Digby's later book on the treatment of wounds by the powder of sympathy which was applied to the weapon while the wound itself was left untouched – to an aseptic age sufficient explanation of its efficacy – contained the first account of a recognised *folie à deux*, of which priority of description is customarily assigned to Lasègue and Falret (1877). Digby characterised those 'most susceptible of this unpleasing contagion' as 'passive', a term so popular in modern psychiatric literature, and observed correctly that the induced usually needed no treatment other than separation from the inducer.

ASSUEFACTION OR CONDITIONING

That the Antipathy of beasts towards one an other, may be taken away by assuefaction

This then being the true reason of all sympathy and antipathy, we can not admitt that any beastes should love or hate one an other, for any other cause, then some of those we have touched. All which are reduced to locall motion, and to materiall application of bodies of one nature, to bodies of an other; and are as well transmitted to their yong ones, as begotten in themselves . . . In like manner, any aversion of the fantasy may be mastered not only by a more powerfull agent upon the present sense, but also by assuefaction, and by bringing into the fantasy with pleasing circumstances that object which before was displeasing and affrightfull to it: as we see that all sortes of beastes or birdes, if they be taken yong may be tamed and will live quietly together. Dogges that are used to hunt and kill deere, will live frendly with one that is bred with them; and that fawne which otherwise would have beene affraide of them, by such education groweth confident and playeth boldely with them. Of which we can no longer remaine in doubt, if we will beleeve the story of a tygar (accounted the cruellest beaste of all others) who being shutt up with a deere, that had beene bred with him from a kidde, and from his being a whelpe; and no meate given him, used meanes to breake prison, when was halfe starved, rather then he would hurt his familiar frend. You will not suspect, that it was a morall consideration, which made him so kinde: but the deere had never come into his fantasy accompained with other circumstances, then of play or of warmth: and therefore hunger (which calleth only the

species of meate out of the memory into the fantasy) would never bring the deere thither, for remedy of that passion.

And that which often happeneth to those men, in whom the fantasy only worketh, is not much unlike to this: among whom I have seene some frenetike persons, that if they be persuaded they are tyed, and can not stirre from the place where they are; they will lye still, and make great complaintes for their imprisonnement; and not goe a steepe, to reach any meate or drinke, that should lye in sight neere them, although they were never so much pressed with hunger or with thirste. The reason is evident, for the apprehension of being tyed, is so strong in their fantasy, that their fantasy can send no spirits into other partes of their body, whereby to cause motion . . .

And thus we plainely see, how it cometh about, that beastes may have strange aversions from thinges, which are of an annoying or destructive nature to them, even at the first sight of them: and againe, may have great likings of other things, in a manner contrary to their nature, without needing to allow them reason, whereby to discourse and judge what is hurtfull to them or to instruct the tygar we have spoken of, or Androdus his lyon, the duties of frendshippe and of gratitude . . .

Lett us consider an other sympathy which is more plaine and common. We see that the laughing of one man, will sett an other on laughing that seeth him laugh, though he know not the cause why the first man laugheth: and the like we see in yawning and stretching, which breedeth alike effect in the looker on. I have heard of a man, that seeing a rosted pigge, after our English fashion with the mouth gaping, could not shutte his owne mouth as long as he looked upon the pigges: and of an other, that when he saw any man make a certaine motion with his hand, could not choose but he must make the same: so that, being a tyler by his trade, and having one hand imployed with holding his tooles, whiles he held himselfe with the other upon the eaves of a house he was mending, a man standing below on the ground, made that signe or motion to him; whereupon he quitted his holdfast to imitate that motion, and fell downe, in danger of breaking his necke.

All these effects, do proceed out of the action of the seene object upon the fantasy of the looker on: which making the picture or likenesse of its owne action in the others fantasy, maketh his spirits runne to the same partes; and consequently, move the same members, that is, do the same actions. And hence it is, that when we heare one speake with love and tendernesse of an absent person, we are also inclined to love that person, though we never saw him, nor heard of him before: and that whatsoever a good oratour delivereth well, (that is, with a semblance of passion agreeable to his wordes) rayseth of its owne nature, like affection in the hearers: and that generally men learne and imitate (without designe) the customes and manners of the company they much haunt . . .

Farre more easy is it, to discover the secret cause of many antipathies

or sympathies, which are seene in children, and endure with them the greatest part, if not the whole terme of their life, without any apparent ground for them: as, some do not love cheese, others garlike, others duckes, others divers other kindes of meate, which their parents loved well; and yet in token that this aversion is naturall unto them, and not arising from some dislike accidentally taken and imprinted in their fantasy, they will be much harmed if they chance to eate any such meate; though by the much disguising it, they neither know, nor so much as supect they have done so. The story of the Lady Hennage (who was of the bedchamber to the late Queene Elizabeth) that had her cheeke blistered by laying a rose upon it whiles she was a sleepe, to try if her antipathy against that flower, were so great as she used to pretend, is famous in the Court of England. A kinsman of mine, whiles he was a childe, had like to have dyed of drought, before his nurse came to understand, that he had an antipathy against beere and wine.

FOLIE À DEUX

Now lets consider how the strong imagination of one man doth marvailously act upon another man, who hath it more feeble and passive . . . Women and Children being very moist and passive, are most susceptible of this unpleasing contagion of the imagination. I have known a very melancholy woman, which was subject to the disease called the Mother, and while she continued in that mood, she thought herself possessed, and did strange things, which among those that knew not the cause, passed for supernatural effects, and of one possessed by the ill spirit: she was a person of quality, and all this happened, because of the deep resentment she had for the death of her Husband: She had attending her four or five young Gentlewomen, whereof some were her Kinswomen, and others served her as Chambermaids. All these came to be possessed as she was, and did prodigious actions. These young Maids were separated from her sight, and communication, and as they had not yet contracted such profound roots of the evil, they came to be all cured by their absence; and this Lady was also cured afterwards by a Physitian, who purged the atrabilious humors, and restored her matrix to its former estate, there was neither imposture, or dissimulation in this.

I could make a notable recital of such passions that happened to the Nunnes at Lodun; but having done it in a particular Discourse at my return from that Country, where I as exactly as I could discussed the point, I will forbear speaking thereof at this time, otherwise then to pray you to remember, that when two Lutes, or two Harps, near one another, both set to the same tune, if you touch the strings of the one, the other consonant harp will sound at the same time, though no body touch it, whereof Galileo hath ingeniously rendred the reason.

JAMES HOWELL (?1594–1666)

BA Oxon, first Historiographer Royal

Epistolæ Ho-Elianæ. Familiar letters domestic and forren, 1645 *London, Moseley* Section 6, p. 87

Although no statistics exist it appears that mental illness was as common in the seventeenth century as it is today, and Howell's plea for physicians 'that could cure the maladies of the mind' shows that then as now lack of understanding of psychotherapy was one of the main deficiencies of psychiatric practice.

PLEA FOR MORE AND BETTER PSYCHOTHERAPISTS

Wer ther a Physitian that could cure the maladies of the mind, as well as those of the body, he needed not to wish the *Lord Maior*, or the *Pope* for his Uncle, for he should have patients without number: It is true, that ther be som distempers of the mind that proceed from those of the body, and so are curable by drugs and diets; but ther are others that are quite abstracted from all corporeall impressions, and are meerly mentall; these kind of agonies are the more violent of the two, for as the one use to drive us into *Feavers*, the other precipitat us oft-times into *Frensies*.

JOSEPH HALL (1574–1656)

MA, DD Cantab., Bishop of Norwich

The balme of Gilead: or, comforts for the distressed, both morall and divine. Most fit for these wofull times, 1646 *London, Butter* pp. 276-8

While medical authors mentioned *pervigilium* – insomnia – only incidentally as part of the picture of maniacal and delirious states, Hall the spiritual physician, thought about sleeplessness, its alleviation and consequences, as an early isolated symptom of psychological disturbance. He realised that not uncommonly it was if not caused at least aggravated by the fear of not being able to sleep, and that when artfully provoked it could 'fetch from poore soules a confessionall discovery of those acts they never did' – which more modern 'wofull times' have again brought into prominence as brain-washing.

WANT OF SLEEP

Thou are afflicted with want of sleep: A complaint incident to distempered bodies, and thoughtfull mindes: Oh how wearisome a thing it is to spend the long night in tossing up and down in a restlesse bed in the chase of sleep, which the more eagerly it is followed, flies so much the farther from us! Couldst thou obtain of thy selfe to forbear the desire of it, perhaps it would come alone; now that thou suest for it, (like to some froward peece) it is coy and overly, and punishes thee with thy longing . . . Surely, as there is no earthly thing more comfortable to nature then bodily rest, so there is nothing whose losse is more grievous and disheartening . . . If the body be not refreshed with a moderate enterchange of repose, how can it but languish in all the parts of it? and as commonly the soule followes the temper of the body, how can that but finde a sensible discomposure and debilitation in all her faculties, and operations? Do we not see the savagest creatures tamed with want of rest? Doe we not finde this rack alone to have been torture enough to fetch from poore soules a confessionall discovery of those acts they never did? Doe we not finde raveries, and frenzies the ordinary attendents of sleeplesnesse?

WILLIAM HARVEY (1578–1657)

MD Padua & Cantab., FRCP, physician to James I and Charles I, and to St Bartholomew's Hospital, London; discoverer of the circulation of the blood

1. *Exercitatio anatomica de circulatione sanguinis*, 1649 *Cambridge* Translated by R. Willis in: *The works of William Harvey*, 1847 *London, Sydenham Society* pp. 127-9, 189-90

2. *Exercitationes de generatione animalium*, 1651 *London Ibid.*, pp. 542-3, 528-9

3. Robert Boyle: *Some considerations touching the usefulnesse of experimental naturall philosophy*, 1663 *Oxford, Davis* Part 2, pp. 72-3

The body-mind relation especially the influence of the passions had long been discussed in medical literature within the ancient framework of humours. Harvey applying his new experimental and observational method to the same problems related them to the circulation of the blood. In *De motu cordis* (1628) he commented on the important influence of emotions on the heart: 'every affection of the mind that is attended with either pain or pleasure, hope or fear, is the cause of an agitation whose influence extends to the heart'. Twenty years later he elaborated this in the extract quoted in which he also referred to a collection of 'Medical Observations' which, had it been published, might have been the first psychosomatic casebook. In the second extract Harvey's observations on the connection between mind and generative system show how early in the history of psychiatry sexual disorders were considered causes of mental illness. For this reason he advised '*Hymeneal* Exercises' for a girl suffering from hysterical anaesthesia as here reported by Robert Boyle. Harvey also observed two cases of pseudocyesis or phantom pregnancy; in one the delusion was accepted by the patient's sister and so gave rise to a *folie à deux*.

PSYCHOSOMATIC MEDICINE

I was acquainted with another strong man, who having received an injury and affront from one more powerful than himself, and upon whom he could not have his revenge, was so overcome with hatred and spite and passion, which he yet communicated to no one, that at last he fell into a strange distemper, suffering from extreme oppression and pain of the heart and breast, and . . . in the course of a few years . . . became tabid and died . . . His friends thought him poisoned by some maleficent influence, or possessed with an evil spirit . . . In the dead body I found

the heart and aorta so much gorged and distended with blood, that the cavities of the ventricles equalled those of a bullock's heart in size. Such is the force of the blood pent up, and such are the effects of its impulse . . . We also observe the signal influence of the affections of the mind when a timid person is bled and happens to faint: immediately the flow of blood is arrested, a deadly pallor overspreads the surface, the limbs stiffen, the ears sing, the eyes are dazzled or blinded, and, as it were, convulsed. But here I come upon a field where I might roam freely and give myself up to speculation. And, indeed, such a flood of light and truth breaks in upon me here; occasion offers of explaining so many problems, of resolving so many doubts, of discovering the causes of so many slighter and more serious diseases, and of suggesting remedies for their cure, that the subject seems almost to demand a separate treatise. And it will be my business in my 'Medical Observations', to lay before my reader matter upon all these topics which shall be worthy of the gravest consideration.

And what indeed is more deserving of attention than the fact that in almost every affection, appetite, hope or fear, our body suffers, the countenance changes, and the blood appears to course hither and thither. In anger the eyes are fiery and pupils contracted; in modesty the cheeks are suffused with blushes; in fear, and under a sense of infamy and of shame, the face is pale, but the ears burn as if for the evil they heard or were to hear; in lust how quickly is the member distended with blood and erected!

HYSTERIA AND PSEUDOCYESIS

It is of the same significance in these animals [birds, many insects, fishes] when they conceive eggs, as it is in young women when their uterus grows hot, their menses flow, and their bosoms swell – in a word, when they become marriageable; and who, if they continue too long unwedded, are seized with serious symptoms – hysterics, furor uterinus, &c. or fall into a cachectic state, and distemperatures of various kinds. All animals, indeed, grow savage when in heat, and unless they are suffered to enjoy one another, become changed in disposition. In like manner women occasionally become insane through ungratified desire, and to such a height does the malady reach in some, that they are believed to be poisoned, or moon-struck, or possessed by a devil. And this would certainly occur more frequently than it does, without the influence of good nurture, respect for character, and the modesty that is innate in the sex, which all tend to tranquillize the inordinate passions of the mind . . .

In those pale virgins who labour under chronic maladies, and in whom the uterus is small and the catamenia stagnate, 'by coition', says Aristotle, 'the excrementitious menstrual fluid is drawn downwards, for the heated uterus attracts the humours, and the passages are opened'. In this way their maladies are greatly lessened, seeing that want of action on the part of the uterus exposes the body to various ills. For the uterus is a

most important organ, and brings the whole body to sympathize with it. No one of the least experience can be ignorant what grievous symptoms arise when the uterus either rises or falls down, or is in any way put out of place, or is seized with spasm – how dreadful, then, are the mental aberrations, the delirium, the melancholy, the paroxysms of frenzy, as if the affected person were under the dominion of spells, and all arising from unnatural states of the uterus. How many incurable diseases also are brought on by unhealthy menstrual discharges, or from over-abstinence from sexual intercourse where the passions are strong! . . .

I am acquainted with a young woman, the daughter of a physician with whom I am very intimate, who experienced in her own person all the usual symptoms of pregnancy; after the fourteenth week, being healthy and sprightly, she felt the movements of the child within the uterus, calculated the time at which she expected her delivery, and when she thought, from further indications, that this was at hand, prepared the bed, cradle, and all other matters ready for the event. But all was in vain. Lucina . . . tutelar deity of childbirth . . . refused to answer her prayers; the motions of the foetus ceased; and by degrees, without inconvenience, as the abdomen had increased so it diminished; she remained, however, barren ever after. I am acquainted also with a noble lady who had borne more than ten children, and in whom the catamenia never disappeared except as the result of impregnation. Afterwards, however, being married to a second husband, she considered herself pregnant, forming her judgment not only from the symptoms on which she usually relied, but also from the movements of the child, which were frequently felt both by herself and her sister, who occupied the same bed with her. No arguments of mine could divest her of this belief. The symptoms depended on flatulence and fat. Hence the best ascertained signs of pregnancy have sometimes deceived not only ignorant women, but experienced midwives, and even accurate physicians.

HYMENEAL EXERCISES

Mr. *Hollyer* . . . told me, that among many Patients sent to be cured in a great Hospital [St. Thomas's] (of which he is one of the Chirurgions) there was a Maid of about eighteen Years of age, who, without the loss of motion, had so lost the sense of feeling in the external parts of her Body, that when he had, for tryal sake, pinn'd her Handkerchief to her bare Neck, she went up and down with it so pinn'd, without having any sense of what he had done to her. He added, That this Maid having remained a great while in the Hospital without being cured, Dr. *Harvey*, out of Curiosity, visited her sometimes; and suspecting her strange Distemper to be chiefly Uterine, and curable onely by *Hymeneal* Exercises, he advised her Parents (who sent her not thither out of poverty) to take her home, and provide her a Husband, by whom, in effect, she was according to his Prognostick, and to many Mens wonder, cur'd of that strange Disease.

RENE DESCARTES (1596–1650)

Philosopher and mathematician

The passions of the soule in three books, 1650 *London, for A.C.* (pp.xxx + 173) pp. 25-9

First published in French, Paris and Amsterdam 1649

When Descartes formulated his ideas of *l'homme machine* whose functions like those of the animal body could be explained mechanistically, he was faced with the difficulty of how to account for the mind or soul of man – this fundamental difference between him and animals and the essence of the body–(or brain) mind relation. He solved it by allowing the soul, the origin of all thought, a supernatural, immaterial quality distinct from body and gave it a location in the pineal gland. With this he revived the teaching of the Alexandrian School (*c.* 300 BC) according to which the pineal was a sphincter regulating the flow of thought from the ventricles of the brain, then considered the seat of the mind, an idea which arose from its anatomical situation as a single central organ situated above the third ventricle with a pair of habenulae or reins running forwards by which it was concretely thought to exercise control. Although in man long recognised as a vestigial functionless organ, the idea of a special relation to mind has recently been revived in a report of experiments with pineal gland extract in the treatment of schizophrenia (*The Times*, 10 January 1958) – an example perhaps of one of the circles in which psychiatric theories and therapies seem to move. Cartesian dualism with its essential distinction between the body as a machine and mind its uperior partner later gave great impetus to the development of psychology in its own right.

PINEAL GLAND: SEAT OF THE SOUL

That there is a little kernell in the brain wherein the soul exercises her functions more peculiarly than in the other parts

It is also necessary to know, that although the soul be joyned to all the body, yet there is some part in that body wherein shee excercises her functions more peculiarly than all the rest, and it is commonly believed that this part is the brain, or, it may bee, the heart: the brain, because thither tend the organs of the senses; and the heart, because therein the Passions are felt; but having searched this businesse carefully, me thinks I have plainly found out, that that part of the body wherein the soul immediately exercises her functions is not a jot of the heart; nor yet all the brain, but only the most interiour part of it, which is a certain very small kernell, situated in the middle of the substance of it, and so hung on the top of the conduit by

which the spirits of its anteriour cavities have communication with those of the posteriour, whose least motions in it cause the course of the spirits very much to change, and reciprocally, the least alterations befalling the course of the spirits, cause the motions of the kernell very much to alter.

How this kernell is known to be the principall seat of the soul

The reason which perwades me that the soul can have no other place in the whole body but this kernell where shee immediately exercises her functions is that I see: all the other parts of our brain are paired, as also we have two eyes, two hands, two ears: lastly, all the organs of our exteriour senses are double: and forasmuch as we have but one onely, and single thought of one very thing at one and the same time, it must necessarily be that there is some place where the two images that come from the two eyes, or the two other impressions that come from any single object through the double organs of the other senses, have some where to meet in one, before they come to the soul, that they may not represent two objects in stead of one; and it may bee easily conceived, that these images, or other impressions joyn together in this kernell by intercourse of the spirits that fill the cavities of the brain; but there is no other place in the body where they can be so united, unlesse it be granted that they are in this kernell.

How the Soul and the Body act one against another

Let us then conceive that the Soul holds her principall seat in that little kernell in the midst of the brain, from whence she diffuseth her beames into all the rest of the body by intercourse of the spirits, nerves, yea and the very blood, which participating the Impressions of the spirits, may convey them through the arteries into all the members; and remembring what was formerly said concerning this machine our body, to wit, that the little strings of our nerves are so distributed into all parts of it that upon occasion of severall motions excited therein by sensible objects, they variously open the pores of the braine, which causeth the animall spirits contained in the cavities thereof, to enter divers wayes into the muscles, by whose means they can move the members all the severall wayes they are apt to move, and also that all the other causes which can differently move the spirits, are enough to convey them into severall muscles: let us here adde, that the little kernell which is the chief seat of the soul hangs so between the cavities which contain these spirits, that it may be moved by them as many severall fashions as there are sensible diversities in objects; but withall, that it may be moved severall wayes by the soul too, which is of such a nature, that she receives as many various impressions (that is, hath as many severall apprehensions) as there come severall motions into this kernell. As also on the other side, the machine of the body is so composed, that this kernel being only divers wayes moved by the soul, or by any other cause whatsoever, it drives the Spirits that environ it towards the pores of the brain, which convey them by the nerves into the muscles, by which means it causeth them to move the members.

THOMAS HOBBES (1588–1679)

Philosopher

Leviathan, or the matter, forme, and power of a common-wealth ecclesiasticall and civill, 1651 *London, Crooke* pp. 8-9

As an introduction to this study of man in society Hobbes extended his work on *Humane nature*, 1650 and examined man as an individual, his 'Sense', 'Imagination', 'Speech', 'Reason' and 'Passions and Vertues commonly called Intellectuall'. In it he described as 'Trayn of Thoughts unguided' and 'without Design' how ideas may be linked together or associated in the mind independent of a guiding conscious thought. From this developed association psychology in the hands particularly of John Locke (1690) and David Hume (1711-1776) in *A treatise of human nature*, 1739, volume 1 'Of the Understanding' in which he distinguished three 'qualities' from which 'this association arises . . . *viz.* Resemblance, Contiguity in time or place, and Cause and Effect'. Two hundred and fifty years after Hobbes, Freud discovered in free association a means of tracing 'Thoughts unguided', that is the workings of unconscious mind and its connection with conscious thought.

TRAYN OF THOUGHTS UNGUIDED

BY *Consequence*, or TRAYN of Thoughts, I understand that succession of one Thought to another, which is called (to distinguish it from Discourse in words) *Mental Discourse.*

When a man thinketh on any thing whatsoever, His next Thought after, is not altogether so casual as it seems to be. Not every Thought to every Thought succeeds indifferently. But as we have no Imagination, whereof we have not formerly had Sense, in whole, or in parts; so we have no Transition from one Imagination to another, whereof we never had the like before in our Senses. The reason whereof is this. All Fancies are Motions within us, reliques of those made in the Sense: And those motions that immediately succeeded one another in the Sense, continue also together after Sense: In so much as the former coming again to take place, and be prædominant, the later followeth, by coherence of the matter moved, in such manner, as water upon a plain Table is drawn which way any one part of it is guided by the finger. But because in Sense, to one and the same thing perceived, sometimes one thing, sometimes another succeedeth, it comes to pass in time, that in the Imagining of any thing, there is no certainty what we shall Imagine next; Only this is certain, it

shall be something that succeeded the same before, at one time or another.

This Trayn of Thoughts, or Mental Discourse, is of two sorts. The first is *Unguided, without Design*, and inconstant; Wherein there is no Passionate Thought, to govern and direct those that follow, to it self, as the end and scope of some desire, or other passion: In which case the thoughts are said to wander, and seem impertinent one to another, as in a Dream. Such are Commonly the thoughts of men, that are not only without company, but also without care of any thing; though even then their Thoughts are as busie as at other times, but without harmony; as the sound which a Lute out of tune would yield to any man; or in tune, to one that could not play. And yet in this wild ranging of the mind, a man may oft-times perceive the way of it, and the dependance of one thought upon another. For in a Discourse of our present Civil War, what could seem more impertinent, than to ask (as one did) what was the value of a Roman Penny? Yet the Cohærence to me was manifest enough. For the Thought of the War, introduced the Thought of delivering up the King to his Enemies; The Thought of that, brought in the Thought of the delivering up of Christ; and that again the Thought of the 30 pence, which was the price of that treason: and thence easily followed that malicious question; and all this in a moment of time; for Thought is quick . . . The second is more constant; as being *regulated* by some desire, and design . . . And because the End, by the greatness of the impression, comes often to mind, in case our thoughts begin to wander, they are quickly again reduced into the way.

ORMSKIRK QUARTER SESSIONS

PUBLIC ASSISTANCE FOR A POOR LUNATIC, 1651 & 1654

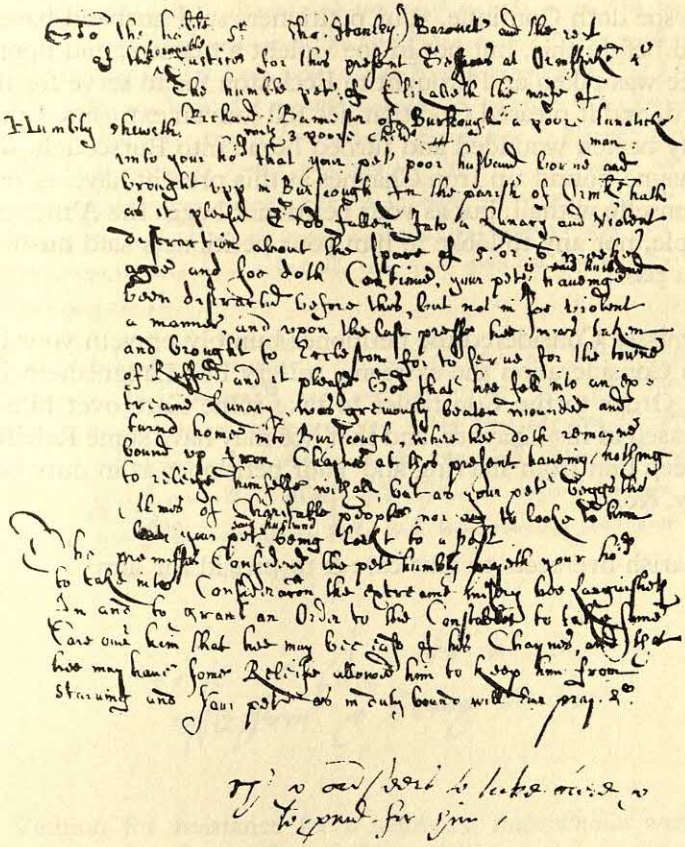


FIG. 31 Petition for assistance to the Justices of the Peace of Ormskirk by the wife of 'a poore Lunaticke man', 1651 (*Lancashire County Record Office*, QSP/51/1).

Transcript of document illustrated in Fig. 31 on page 137

To the honourable Sir Thomas Stanley Baronett and the rest of the honourable Justices for this present Sessions at Ormskirke &c.
The humble petition of Elizabeth the wife of Richard Bannister of Burscough a poore lunaticke man with 3 poore children

Humbly sheweth:

unto your honors that your petitioners poor husband borne and brought upp in Burscough In the parish of Ormskirk hath as it pleased God fallen Into a Lunacy and Violent distraction about the space of 5. or 6 weekes agoe and soe doth Continue, your petitioners said husband haveing been distracted before this, but not in soe violent a manner, and upon the last presse hee was taken and brought to Eccleston for to serve for the towne of Rufford, and it pleased God that hee fell into an extreame Lunacy, was grievously beaten wounded and turned home into Burscough, where hee doth remayne bound up Iron Chaynes at this present haveing nothing to reliefe himselfe withall, but as your petitioner beggs the Almes of Charitable people, nor any to looke to him your petitioners said husband being lockt to a post.

The premisses Considered the petitioner humbly prayeth your honors to take into Consideration the extreame misery hee Languisheth In and to grant an Order to the Constables to take some Care over him that hee may be eased of his Chaynes, and that hee may have some Releife allowed him to keep him from starving and Your petitioner as in duty bound will ever pray. &c.

The parish overseers to take care & to provid for him.

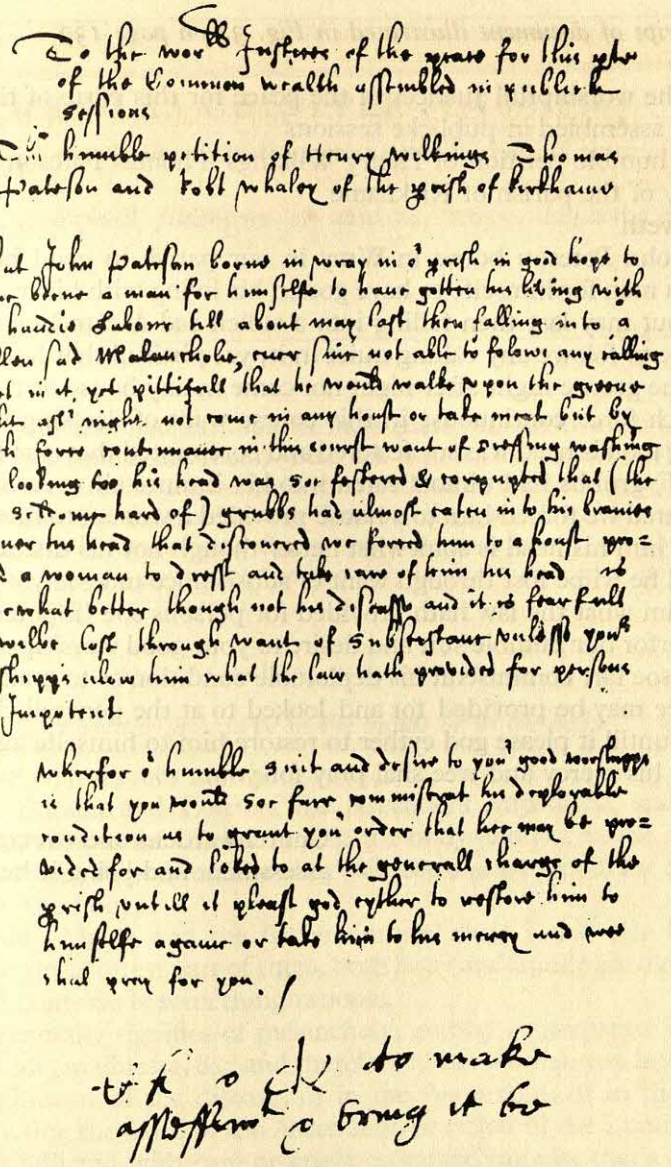


FIG. 32 Petition for assistance for a neglected melancholic wandering at large, 1654 (*Lancashire County Record Office*, QSP/102/4).

Transcript of document illustrated in Fig. 32 on page 139

To the worshipfull Justices of the peace for this parte of the Common wealth assembled in publicke sessions

The humble petition of Henry Wilkings Thomas Pateson and Robert Whaley of the parish of Kirkhame

Sheweth

That John Pateson borne in Wray in our parish in good hope to have beene a man for himselfe to have gotten his living with his handie Labour till about may last then falling into a sullen sad Melancholie, ever since not able to folowe any calling quiet in it, yet pittifull that he would walke upon the greene night after night not come in any house or take meat but by much force continuouse in this course want of dressing washing and looking too his head was soe festered and corepupted that (the like seldome hard of) grubbs had ulmost eaten into his braines all over his head that discovered we forced him to a house provided a woman to dresse and take care of him his head is somewhat better though not his distrasse and it is fearfull he wilbe lost through want of subsistance unlesse your worshipps alow him what the law hath provided for persons soe Impotent

Wherfor our humble suit and desire to your good worshipps is that you would soe farr commiserat his deplorable condition as to grant your order that hee may be provided for and looked to at the generall charge of the parish untill it please god eyther to restore him to himselfe againe or take him to his mercy and wee shal pray for you.

Churchwardens and overseers to make assessment and bring it be.

NICHOLAS CULPEPER (1616–1654)

Medical practitioner, astrologer, translator of medical works

Culpeper's astrologicall judgment of diseases, 1655 *London, Brookes* pp. 106-8

A survey of psychiatric thought would be incomplete without mention of astrology. Culpeper, a famous exponent, listed the astrological signs by which he distinguished 'whether the disease be in the minde or in the body' and if in the mind what the cause of the trouble was. That astrology survived so long seems less absurd when it is remembered that at that time man knew more about the macrocosm and the laws governing the heavenly bodies than about the microcosm and the workings of his own.

ASTROLOGICAL DIAGNOSIS

How to know whether the disease be in the minde or in the body

The directive Aphorismes are these:

1. The Sun, Moon, and Lord of the Ascendent impedited, and their Lords safe, shewes the disease lyes in the body and not in the minde.
2. If their Lords be impedited, and they safe, the disease lyes in the minde, and not in the body.
3. If both Sun, Moon, and the Ascendent and their Lords also be impedited, or the greatest part of them, both body and minde are diseased; and this I confesse is something rational.
4. Saturne generally signifies of melancholy, and by consequence alienation of minde, madnesse, &c. and therefore alwayes when you finde him to be significator of the disease, or in the Ascendent, or in the sixth house afflicting the Lord of the Ascendent, or either of the Luminaries, the sick is afflicted with care or griefe or something else that's as bad, be sure the minde suffers for it.
5. If Jupiter be significator of the disease, it lies in the body, if it lies any where; for Jupiter never troubles the minde, unlesse it be that Monster which men call Religion.
6. It were a good thing when a man is troubled in minde, if an Artist could tell the cause of this his trouble, that you may doe so, make use of these two or three rules; there is enough of them though there be but few, if you have but wit enough to know by a penny how a shilling is coyned; they are these:

1. If the Sun be Author of the distemper, as he may be if he be Lord of the house Ascendent, sixth or twelfth houses, the distemper comes through pride, ambition, vain-glory. 2. If it be Jupiter, it comes through religion, some idle Priest hath scar'd the poor creature out of his wits. 3. If it be Venus, love, luxurious expence, or something else of like nature is the cause. 4. If Mercury be the afflicting Planet, the sick is pestered with a parcel of strange imaginations, and as many vaine feares attend him; great vexation or study, or both is the cause.

By these you may finde out all the rest, for this is the sum of the businesse.

MERIC CASAUBON (1599–1671)

MA, DD Oxon, divine and classical scholar

A treatise concerning enthusiasme, as it is an effect of nature: but is mistaken by many for either divine inspiration, or diabolical possession, 1655 *London, Johnson* (pp. xxvi+228) pp. 17, 28-9, 70-2, 80-2, 87-9

A second edition 1656

This was the first separate treatise on enthusiasm, a term used for conditions attributed to possession by a superior power. Casaubon divided it into two kinds; supernatural which was 'a true possession . . . whether divine or diabolical', and natural 'whereof all men are capable' to which belonged the delusions and hallucinations of the insane; the first not less real for being rare, the second common.

He had read '*The Life of Sister Katharine of Jesus*' published at Paris, 1628, 'a long contexture of severall strange raptures and enthusiasms, that had hapned unto a melancholick, or if you will, a devout Maid'. Despite approbations from a cardinal, an archbishop, a bishop and several doctors of divinity, Casaubon could find 'no great matter of wonder' in it but instead 'a perpetuall coherence of naturall causes'. Disturbed 'that what by such, and so many, was judged God, and Religion, should be nothing but Nature, and Superstition', he determined to investigate the whole matter thoroughly and this book was the result. Its main purpose was to survey historically cases and opinions so as to distil and preserve the belief in true divine intervention from adulteration with 'natural Enthusiasme' with which it was often confused to its disrepute: 'to embrace a Cloud, or a Fogge for a Deitie; it is done by many, but it is a foul mistake: let him take heed of it'. He returned to the same theme in *Of credulity and incredulity,* 1670 by which time the spirit of scientific enquiry, observation and explanation of natural phenomena incorporated in the 'Royall Society of London for improving Naturall Knowledge' founded in 1660 was rapidly gaining ground at the cost it seemed to Casaubon of true religion and the rise of atheism. In consequence he republished it as *A treatise proving spirits, witches and supernatural operations, by pregnant instances and evidences,* 1672 in which he came out with all the old reasons in favour of witchcraft and demoniacal possession.

In contrast *A treatise concerning enthusiasme* quoted here was an enlightened work since in it Casaubon set out to show how various 'Enthusiasmes' such as 'Divinatory', 'Contemplative', Rhetoricall', 'Precatory' and others could arise from mental abnormalities without supernatural intervention or imposture. Read today in this sense it was a psychiatric treatise devoted to mental illness with religious colouring and the special problems raised by it. The first extract

shows how epileptic phenomena in particular made it difficult to accept all mental illness as 'natural'. This was partly because of the dramatic effect of sudden, short-lived, episodic disturbances of consciousness accompanied by convulsions in otherwise normal persons which had given epilepsy its popular name of sacred disease and rise to Hippocrates's famous pronouncement: 'it appears to me to be nowise more divine nor more sacred than other diseases, but has a natural cause from which it originates like other affections. Men regard its nature and cause as divine from ignorance and wonder, because it is not at all like to other diseases'. Another difficulty was that persons suffering from minor epileptic conditions such as temporal lobe disturbances with twilight, dreamy or confusional states – surprisingly known to Casaubon and called by him 'a more gentle and remiss kind of Epilepsie' – often report hallucinatory experiences as of another world. These are sometimes elaborated into delusional systems on religious themes – 'for it is natural to those that have been epileptical, to fall into melancholy' – especially if repetition of vivid experience perhaps reinforced by a feeling of reminiscence or *déjà vu* has convinced the patient of direct contact with superior powers. A third difficulty was the overzeal in religious matters or religiosity which is a common manifestation of epileptic personality change.

The mental disturbances in another group of patients seemed also to be inexplicable on natural grounds, namely those whose 'distemper' was 'confined to some one object or other, the brain being otherwise sound and sober' such as the 'poor Woman in *Warwick-shire*' mentioned by the Reverend Joseph Glanvill, FRS 'whose habitual conceit it was, that she was *Mother of God*, and *of all things living* . . . And yet when I diverted her to any thing else of ordinary matters, she spoke usually with as much sobriety and cold discretion, as could well be expected from a person of her condition' (*Philosophia pia; or, a discourse of the religious temper, and tendencies of the experimental philosophy, which is profest by the Royal Society*, 1671). This apparent paradox of 'a sober kind of distraction' as Casaubon called it, has always been a major stumbling block in psychiatric systems and classifications. In the nineteenth century many new terms were introduced for it such as partial insanity, moral insanity, monomania, *manie sans délire*, *folie raisonnante*, and finally paranoia which gave Kraepelin so much trouble. Casaubon realised that it touched on the fundamental question whether insanity 'was an error of . . . imagination only, and not of . . . understanding' and wondered whether by natural means one faculty could be 'depraved' without the other. This dichotomy between an 'intellective' or 'ratiocinative' and an 'imaginative' faculty is still implied in the current psychiatric distinction of mental illness into 'thought disorder' or schizophrenia and 'affective disorder' or manic-depressive psychosis, and of course forms the basic tenet of the McNaughton Rules (1843) by which 'a defect of reason, from disease of the mind' is the ultimate medico-legal test for the presence or absence of absolving insanity.

ENTHUSIASME AND EPILEPSY

Enthusiasme, say I, is either naturall, or supernaturall. By supernatural, I understand a true and reall possession of some extrinsecal superior power, whether divine, or diabolical, producing effects and operations

altogether supernatural: as some kind of divination, (what I mean, will appear under its proper head,) speaking of strange languages, temporary learning, and the like. By natural *Enthusiasme*, I understand an extraordinary, transcendent, but natural fervency, or pregnancy of the soul, spirits, or brain, producing strange effects, apt to be mistaken for supernatural. I call it a *fervency*; First, because it is the very word (*ardor*) whereby Latin Authors do very frequently expresse the Greek *Enthusiasme*. Secondly, because when we come to consider of the natural causes of *Enthusiasme*, we shall find that it is indeed (in divers kinds of it) a very *ardor*, and nothing else, whereof all men are naturally capable . . .

First then we shall observe a concurrence of Natural Causes. This is granted by all Physicians and Naturalists. *Melancholici, maniaci, ecstatici, phrenetici, epileptici, hystericae mulieres*: All these be diseases naturally incidental to all both men and women; the last only proper to women, as naturally incidental all, so curable by natural means and remedies. No body doubts of that. To all these natural diseases and distempers, enthusiastick divinatory fits are incidental. I do not say that it doth happen very often: that is not materiall, whether often or seldome, but when it doth happen, as the disease is cured by natural means, so the Enthusiasms go away, I will not say by the same means, but at the same time . . . Many such we might find perchance in the lives of reputed Saints: but I will insist in such especially, where there is more certainty, and will be lesse offence.

About the year of the Lord 1581, in *Germany*, at a place called *Aldenburgh*, it happened that a Baker, the master of a very untoward Boy, upon some great provocation, fell upon him with his fists, without mercy; upon his head especially; so that the Boy fell sick upon it of an Epilepsie: whereof he had divers terrible fits, and was twelve dayes speechlesse. Yet after a while those fits abated, and by degrees vanished quite away. But then instead of them, he fell into ecstasies, in which he would continue two, three, four hours, without either sense or motion. As soon as he was out of a fit, the first thing he would do, was to sing divers songs and hymns, (though it was not known that he had ever learned any,) very melodiously. From this singing he would now and then passe abruptly to some strange relations, but especially of such and such, lately dead, whom he had seen in Paradise: and then fall to singing again. But when he was perfectly come to himself, and had left singing, then would he sadly and with much confidence maintain, That he had been, not upon his bed, as they that were present would make him believe; but in heaven with his Heavenly Father, having been carried thither by Angels, and placed in a most pleasant green, where he had enjoyed excessive happinesse, and had seen things that he could not expresse – &c. The same Boy when he foresaw his fits coming upon him, he would say, that now the Angels were ready to carry him away. There were divers relations made of him at that time: but that which I have here, I have from *Joh. Coboldus*, a Doctor of

Physick of the same Town . . . his opinion there is, that they were *symptomata morbi melancholici*, occasioned by the Epilepsie. For that it is natural to those that have been epileptical, to fall into melancholy, besides his own experience, he proves out of *Hippocrates*. But because this Boy besides his visions, was also reported, and believed commonly, to prophesie many things: the Doctor doth acknowledge himself posed in that, and professeth to doubt, that besides Nature, there might be some operation of the Devil concurring. Wherein neverthelesse he seemeth afterwards to have altered his opinion, and to adscribe all partly to Nature, (Ecstasies and Visions,) and partly (Prophesies,) to Art and Imposture: not only because the Boy had alwaies been an arrant Rogue, (for his age,) and very subtle and cunning; but also because when he was removed to another house, and more carefully watched, his prophesies did vanish; yea and his ecstasies too, (after a while) as hee seemeth to intimate.

In the same book there is another relation of an ecstaticall Maid in *Friburg* . . . with the judgement of *Paulus Eberus*, a Lutheran Divine, a man of great fame in those dayes. It does not appear that this maid had any discoverable epilepsie at all, but began at the very first with ecstasies and visions. After her fits, she was ful of religious discourse, most in the nature of Sermons, and godly Exhortations: so that she was generally apprehended to be inspired, and her speeches were published in print, under the name of divine Prophesies and Warnings. *Paulus Eberus* was much against it: and though he durst not, against the publick voice, affirm that there was nothing of Gods spirit in all that she said; yet in effect, he doth plainly enough declare his judgement to be, that the maid did *laborare epilepsia*, &c. that her ecstasies were epileptical fits, but of a more gentle and remiss kind of Epilepsie then is ordinary: and as for her godly speeches, that they were the effects of a godly education, frequent hearing of the Word, intent and assiduous meditation, and the like, which it seems, upon diligent enquirie, he had found to be her case.

A SOBER KIND OF DISTRACTION: PARTIAL INSANITY

There is a sober kind of distraction or melancholy: not such only wherein the brain is generally affected to all objects equally; never outragious, nor out of reason, as it were, to outward appearance; but also where the distemper is confined to some one object or other, the brain being otherwise very sound and sober upon all other objects and occasions . . . there is not any Physician, either ancient or late, that treateth of Melancholy, but doth acknowledge it, and hath several examples . . . I my self in my life time, have known one, (yet alive for ought I know,) who upon apprehension of great wrong done unto him by some in Authority, fell into some hypochondriacal conceits much of that nature, sober and discreet otherwise, in all his conversation: only upon that subject he would be very earnest; and if opposed, grow fierce. A man might have conversed with

him long enough, before he should have discovered any thing; for he was purposely very reserved: and except a man had been acquainted with his case by others, not apt of himself to fall upon it: so much command he had of himself, notwithstanding his melancholy. But I knew him very familiarly, and therefore can speak of him with more confidence . . .

Some Physicians in their *Consultations* and *Resolutions* seem to say, as *Acosta* doth in his relation, that in such distempers the *intellectus* is *integer*, that is, the understanding sound . . . But it troubles me, that *Galen* should be named for one of that opinion. The case related out of him, is of one *Theophilus*, who did phansie to himself, that he both saw and heard some Minstrels in a corner of his Chamber, and could not rest for them: otherwise it seems, both before and after his recovery, very rational in all other things. Hereupon it is determined, that it was an error of his imagination only, and not of his understanding. I would not contend about words. If their meaning be, that the *Imagination* and the *Intellect* being different faculties, really different by place and proprieties, and liable to particular symptomes and distempers; that in such cases the distemper, originally and inherently is in the *imaginative*, not *intellective* faculty, though the error by reason of that relation, or subordination which is between the two, be communicated to the understanding: though I know there is matter enough of dispute about the differences and proprieties of each faculty, yet I shall not oppose any thing. To some other purposes, the difference may be very observable. It may satisfie a man, how it comes to passe that the understanding should be so right in all others, though so wrong in one particular object: whereas if the distemper were in the ratiocinative it self, the distraction would be general. Neither is every error of the imagination an error of the understanding. For we phansie many things awaked, as in the water, or in the clouds, which our reason doth oppose, & therefore we believe not. Nay sometimes in our very dreams, reason doth oppose phansy, and informes us, that what we wonder at, or fear, is but a dream, because impossible or absurd; when yet that very information is part of our dream. But if once any particular imagination be so strong & violent, as to force assent from the understanding, so that no power of ratiocination that is left in us, is strong enough to make us believe that it is otherwise then we imagine: is not this a depravation of the Understanding, as well as of the Imagination? Or what if the Imagination be altogether depraved, and a man, not out of any proper distemper of understanding, (for that is as possible as the other,) but of the imagination, in every thing that he saith or doth, both speak and do like a mad man; shall not he be accounted mad?

SIR THEODORE TURQUET DE MAYERNE (1573–1655)

MD Montpellier and Oxon, FRCP; physician to James I, Charles I and Henry IV of France

A treatise of the gout. Written originally in the French tongue . . . Whereunto is added, advice about hypochondriacal-fits, by the same author . . . Englished for the general benefit, by Thomas Sherley, M.D. Physitian in Ordinary to his present Majesty Charles the II, 1676 *London, Newman* pp. 73-81

This book was published posthumously from Mayerne's French manuscript in order to gainsay that there was 'no remedy in this Disease but Patience, and nothing to be done, but to Groan'. The advice given by Mayerne to a hypochondriacal patient shows how little attention the fashionable physician of his time paid to psychological factors. On the contrary 'this dead Hero in Physick' as Sherley called him attacked 'Hypochondriacal-Fits . . . this cruel Enemy of Nature' with all the weapons in the medical armamentarium with 'Vomitives' leading 'the Van' and 'Steel, the Captain-general of the Cure' in the manner of a military operation. Not surprisingly in this attitude there was no room for treatment by the seemingly inactive and less spectacular investigation of psychological factors. The concept of the 'soldier-physician' combating disease including mental illness was of course by no means peculiar to Mayerne nor his age [see Walter Johnson, 1849]. Maynwaring a later contemporary for instance appended to his *Tutela sanitatis*, 1664 a section entitled 'The Military or Practical Physitian Reviewing his Armory: Furnished with Medicinal Weapons and Munition against the secret invaders of life' [see FIG. 37]. Whereas in medicine this blind firing away at the patient gradually gave way to a more scientific observational and expectant attitude as more was discovered about 'the seats and causes of diseases', it persisted in the empirical treatments of mental diseases which remained essentially obscure – an example of how the older methods long discarded from medicine survive in psychiatry and perhaps as much the reason for as an expression of its backwardness.

LET VOMITIVES LEAD THE VAN

When I carefully examin all the troublesome symptoms, wherewith hitherto you have been tyr'd out, with a reference to your constitution; I place the root of all these afflicting Fits in an Atribiliarius humour, not only bred and ill-separated in the Liver, worse digested in the Spleen (to the dammage of the Stomack, and those parts by which naturally it ought to have its vent) but likewise distributed into the veins with the rest of the

mass of blood, and conveyed even to the Brain it self, which this cruel Enemy of Nature assaults as a principal and organical part, whose temperature being thereby altered, the chief functions of the soul sometimes mistake in their business: And from this humor, and from no thing else, is to be derived the source of your past melancholly distempers . . . The reciprocal tydeing too and from of that Juyce, betwixt the Spleen and the Brain, produceth sometimes grievous symptomes, the Epilepsie and others: So that I judge not altogether unreasonable, the Prognostick given of an imminent Palsie, although the danger of it, I think, may be avoided, if the strength of body permit . . . Let us aime at that then, since in my judgment any other method of Cure, though plausible, will prove ineffectual.

I meddle not with your Diet, knowing that they, to whom you have committed the care of your Health, will neglect nothing of what in that way ought seasonably to be done or avoyded. Let us hasten to Remedies; in the which, I think it will be but trifling to insist in those easie and light ones which are wont to be prescribed more for the comfort of the Physitian than Patient; which indeed are indifferent, innocent, it's true: but by so being of no help, the root of the evil must be pluckt up, else new branches will still sprout out.

Let Vomitives lead the Van, as well for to cleanse effectually the first Region of its Ballast, as to remove those things which will be a hinderance to the efficacy of Specificks, from which only is to be expected the Victory over Melancholly: Amongst which, I know none of greater force, and less danger, than the infusion of *Crocus metallorum* in Canary Wine, an Ounce of that in a pound of this; taking of it for the first time, if you Vomit easily, an ounce with half an ounce of *Simple Oximel*, and an ounce of *Carduus Benedictus-Water*. If you have not the readiness to Vomit, take ten Drachmes, or an ounce and a half; although I think it safer to begin with a smaller Dose, unless the Vehemency of the Distemper otherwise require. You must Vomit three or four several times, using in the interim no other Medicine: and if you reach and strain in vain, you may easily bring it up with a draught of Barley-water, the clear Broath of a Pullet, or of warm-water alone: Three times, at least, this Evacuation must be used, intermitting two or three days betwixt each; after which, you must proceed to Purgation, to be caused by an Hypochondriack Ellebor Apozem. If upon feeling and pressing with the hand, the Hypochondria, and all the Abdomen there be found Contumacious Obstructions, some preparative for seaven or eight days must of necessity be given; the which being ended, the Purge is to be renewed. If there be need of opening of a Vein (from which, though I expect but little help) let your ordinary Physitian take care of that: This one thing I mark, That I prefer the opening of the lower Veins in the Ancles to the upper in the Armes, if nothing withstand.

The body being thus conveniently Evacuated, you must turn to the use of Steel, the Captain-general of the whole Cure: In the course of the

Universals prescribed, three weeks at least are to be imployed . . . If you find the Brain affected, and that that continual numness and unaptness of your Limbs to motion, still remain, you must apply a great Vesicatory to your Pole, and open two Issues in the top of your Shoulders; your Head being shaved, apply *Fernelius-Cataplasme*, or any other Epispastick-Plaister: every day you must anoint the whole back-bone with the Balsome of Earth-worms or Bats; and in the Season, go to the waters of Burbon, not far distant from your House, there Bathe your self, and let the waters, as from a spout, drop upon your body, and all the Back bone. I am assured that your fears will become panick, if you give your self to the use of Steel Medicines; by the vertue of which, I have seen many melancholick people cured, who having lost the Use of their Limbs, were judged paralitick.

HENRY MORE (1614–1687)

MA Cantab., Fellow of Christ's College, Cambridge, theologian and philosopher

Enthusiasmus triumphatus, or, a discourse of the nature, causes, kinds, and cure, of enthusiasme; written by Philophilus Parresiastes, 1656 *London & Cambridge, Morden* pp. 2, 4-6, 27-8, 56-7

In this, after Casaubon's the second treatise on enthusiasm, More made three points which when later developed had great influence in psychiatry. First he suggested that mental illness arose from 'the enormous strength of the Imagination' so that 'the Soul . . . can neither keep out nor distinguish betwixt her own fancies and reall truths' – hence the similarity between insanity and dreams. This clash between the 'inward sense' and the 'outward Senses' became in Freudian terminology the conflict between unconscious fantasies and wishes and reality; and the capacity for 'reality testing' as it is now called is still considered rightly or wrongly, the dividing line between neurosis in which only part of the personality is involved and psychosis involving the whole personality. Secondly, More used Hobbes's notion of a 'Trayn of Thoughts unguided', that is unconscious mentation, to explain the development of mental illness and why 'men become mad and fanaticall whether they will or no'. Thirdly, his suggestion that there may be a 'healing and sanative Contagion as well as morbid and venemous' was demonstrated in practice in asylums in the nineteenth century when the salutory influence on the insane of the healthy minds of attendants was discovered and developed.

The 'Enthusiast' who cured by 'stroaking' and became 'stark mad' whom More mentioned was one of Greatraks's (1666) two forerunners in London who played minor and short lived parts. The first was James Leverett a gardener called 'an Impostour and cousener of the King's people' who 'under pretence of being the 7th Son of a 7th Son' claimed he could heal 'all manner of Diseases . . . by way of stroacking or touching with his hand, without the using of any Medicines either internal or external'. For this he was in 1637 brought before the Star Chamber who ordered his 'pretended Cures' to be examined by a committee of the College of Physicians which on several occasions included William Harvey (C. Goodall *The Royal College of Physicians*, 1684). The other was 'one *James Fienachty*, an *Irish* Priest' who held 'Diseases . . . to be the Effects of Possession' and practised in London in the 1650s 'by *Exorcisms* and *Stroaking*' (W. Harris *The History of the writers of Ireland*, Dublin, 1764).

The Etymologie, and varietie of the significations of this word Enthusiasme I leave to Criticks and Grammarians, but what we mean by it here, you shall fully understand after we have defined what Inspiration is: For Enthusiasme is nothing else but a misconceit of being inspired . . .

We shall now enquire into the Causes of this Distemper, how it comes to passe that man should be thus befooled in his own conceit: And truly unlesse we should offer lesse satisfaction then the thing is capable of, we must not onely treat here of Melancholy, but of the Faculties of the Soul of man, whereby it may the better be understood how she may become obnoxious to such disturbances of Melancholy, in which she has quite lost her own judgement and freedome, and can neither keep out nor distinguish betwixt her own fancies and reall truths . . . If . . . the inward sense . . . were so strong as to bear it self against all the occursions and impulses of outward objects, so as not to be broken, but to keep it self entire and in equall splendour and vigour with what is represented from without, and this not arbitrariously but necessarily and unavoydably . . . the Party thus affected would not fail to take his own imagination for a reall object of sense: as it fell out in one that Cartesius mentions, (and there are several other examples of that kind) that had his arm cut off, who being hoodwinkt, complained of a pain in this and the other finger, when he had lost his whole arm. And a further instance may be in mad or Melancholy men, who have confidently affirmed that they have met with the Devil, or conversed with Angels, when it has been nothing but an encounter with their own fancie.

Wherefore it is the enormous strength of Imagination . . . that thus peremptorily engages a man to believe a lie. And if it be so strong as to assure us of the presence of some externall object which yet is not there, why may it not be as effectual in the begetting of the belief of some more internall apprehensions, such as have been reported of mad and fanaticall men, who have so firmly and immutably fancied themselves to be God the Father, the Messias, the Holy Ghost, the Angel Gabriel, the last and chiefest Prophet that God would send in to the world, and the like? For their conceptions are not so pure or immateriall, nor solid or rationall, but that these words to them are alwayes accompanied with some strong Phantasme or full imagination; the fulnesse and clearnesse whereof, as in the case immediately before named, does naturally bear down the Soul into a belief of the truth and existence of what she thus vigorously apprehends; and being so wholly and entirely immersed in this conceit, and so vehemently touched therewith, she has either not the patience to consider any thing alledged against it, or if she do consider and find her self intangled, she will look upon it as a piece of humane sophistry, and prefer her own infallibility or the infallibility of the Spirit before all carnall reasonings whatsoever . . . Now what Custome and Education doth by

degrees, distempered Fancy may do in a shorter time. But the case in both is much like that in dreams, where that which is represented is necessarily taken for true, because nothing stronger enervates the perception . . .

The Original of such peremptory delusions as mankind are obnoxious to, is the enormous strength and vigour of the Imagination; which Faculty though it be in some sort in our power, as Respiration is, yet it will also work without our leave, as I have already demonstrated, and hence men become mad and fanaticall whether they will or no . . .

The mention of Dreams puts me in mind of another Melancholy Symptome, which Physitians call Extasie, which is nothing else but *Somnus præter naturam profundus*, the causes whereof are none other then those of natural sleep, but more intense and excessive; the effect is the deliration of the party after he awakes; for he takes his dreams for true Histories and real Transactions. The reason whereof, I conceive, is the extraordinary clearness and fulness of the representations in his sleep, arising from a more perfect privation of all communion with this outward world, and so there being no interfareings or cross-strokes of motion from his body so deeply overwhelmed and bedeaded with sleep, what the imagination then puts forth of her self, is as clear as broad day, and the perception of the soul is at least as strong and vigorous as it is at any time in beholding things awake and therefore Memory as thoroughly sealed therewith, as from the sense of any external Object . . .

Whether it be in any mans power to fall into these Epilepsies, Apoplexies, or Extasies when he pleases, is neither an useless nor a desperate question: For we may find a probable solution from what has been already intimated; for the Enthusiast in one of his Melancholy intoxications (which he may accelerate by solemn silence and intense and earnest meditation) finding himself therein so much beyond himselfe, conceits it a sensible presence of God, and a supernatural manifestation of the Divinity, which must needs raise that passion of Veneration, and most powerful Devotion, which consists of Love, Fear, and Joy . . . how can they then . . . fail to cast him into Tremblings, Convulsions, Apoplexies, Extasies, and what not; Melancholy being so easily changeable into these symptomes? . . .

But there is yet a stronger allurement then Prophecy to draw on belief to the Enthusiast, which is a semblance of doing some miracle, as the curing some desperate disease; as it happened very lately in this Nation. For it is very credibly reported, and I think cannot be denied, That one by the stroaking of a mans arm that was dead and uselesse to him, recovered it to life and strength. When I heard of it, and read some few pages of that miraculous Physicians writing, my judgement was that the cure was naturall but that his blood and spirits were boyled to that height that it would hazard his brain, which proved true; for he was stark mad not very long after. There may be very well a healing and sanative Contagion as well as morbid and venemous.

GEORGE TROSSE (1631–1713)

Student of Pembroke College, Oxford; divine of Exeter

The life of the Reverend Mr. Geo. Trosse, late minister of the gospel in the city of Exon, who died January 11th, 1712/3. *In the eighty second year of his age, written by himself, and publish'd according to his order. By J. H[allett],* 1714 *Exeter, White* pp. 46-7, 49, 52-8, 63-5

This autobiographical account of a psychotic breakdown with recovery in the mid-seventeenth century gives a vivid description of many symptoms seen in mental hospital patients today. The value of such histories is that they provide insight into, and explanations for otherwise incomprehensible behaviour of violent and severely disturbed patients, and so help psychiatrists to understand and deal with similar cases. Trosse's experiences and treatment by 'a low Diet, and hard Keeping' in a private madhouse near Glastonbury in 1656 may be taken as representative of that in the few other small establishments which are known to have existed but of which no records remain. One such was kept by the Reverend John Ashbourne, rector of Norton by Woolpit, Suffolk, who was both a clerk in holy orders and 'Practitioner of Physick' and hence called a 'clerical mad-doctor', a not uncommon combination in the seventeenth and eighteenth centuries, and who has the unhappy distinction of being the first psychiatrist martyr, for in 1661 he was stabbed to death by one of his own patients (cf. *Mirabilis annus secundus; or the second year of prodigies,* 1662). Much more is known of private madhouses in the following century when they grew to such an extent both in size and number that they came to occupy a central position around which psychiatry developed as a specialty, and lunacy legislation – certification and inspection – was introduced.

SELF-ACCOUNT OF A MENTAL BREAKDOWN

While I was thus walking up and down, hurried with these worldly disquieting Thoughts, I perceiv'd a Voice, (I heard it plainly) saying unto me, *Who art thou?* Which, knowing it could be the Voice of no Mortal, I concluded was the Voice of GOD, and with Tears, as I remember, reply'd, *I am a very great Sinner,* LORD! Hereupon, I withdrew again into the Inner-Room, securing and barring the Door upon me, I betook my self to a very proper and seasonable Duty, namely, Secret Prayer . . .

For while I was praying upon my Knees, I heard a Voice, as I fancy'd, as it were just behind me, saying, *Yet more humble; Yet more humble;* with some Continuance. And not knowing the Meaning of the Voice, but

undoubtedly concluding it came from GOD, I endeavour'd to comply with it. Considering that I kneel'd upon something, I remov'd it; and then I had some kind of Intimation given me, that that was what was requir'd. Thus I kneel'd upon the Ground: But the Voice still continu'd, *Yet more humble; Yet more humble.* In Compliance with it I proceeded to pluck down my Stockings, and to kneel upon my bare Knees: But the same awful Voice still sounding in mine Ears, I proceeded to pull off my Stockings, and then my Hose, and my Doublet; and as I was thus uncloathing my self, I had a strong internal Impression, that all was well done, and a full Compliance with the Design of the Voice. In Answer likewise to this Call, I would bow my Body as low as possibly I could, with a great deal of Pain, & this I often repeated: But all I could do was not low enough, nor humble enough. At last, observing that there was an Hole in the Planking of the Room, I lay my self down flat upon the Ground, and thrust in my Head there as far as I could; but because I could not fully do it, I put my Hand into the Hole, and took out Earth and Dust, and sprinkled it on my Head; some Scripture Expressions at that Time offering themselves to my Mind, I thought this was the Lying down in Dust and Ashes thereby prescrib'd . . .

From this Perswasion, that I had been guilty of the Sin against the Holy-Ghost, I was fill'd with grievous Horrour and Anguish, with great Anxiety and sinking Despair . . .

I strongly fancy'd that GOD watch'd Opportunities to destroy me; but I also presum'd that GOD must get in by the Door, or he would not be able to come at me; and I foolishly conceited, that if I did but tie the Door with a particular sort of a Knot, He would be effectually shut out; which I attempted to do, that I might be secur'd from his Wrath. Many and constant, for some Time, were my Temptations to destroy my self. Sometimes I was sollicited to dash my Head against the Edge of the Board near which I sate; at other times, I was tempted to dash out my Brains against the Walls, as I walk'd. So that between a Desire to do this, and a natural Unwillingness to offer such Violence to my self, I was miserably distracted.

Thus with a Multitude of blasphemous horrid Thoughts was I fill'd as I walk'd up and down. But when I was lay'd upon my Bed, where I continu'd for some Time, I was, from the Devil's Influence, induc'd not to look or speak: So that for several Days, in a Compliance with this Temptation, I would neither open my Eyes nor my Lips: And those Words of Scripture came into my Mind, and were strongly impress'd upon me, (*viz.*) *Touch not; Taste not; Handle not;* which, quite different from the Meaning of the Holy-Ghost, were urg'd upon me, to perswade me not to make use of any Meat. Hereupon I would neither touch it, nor taste it, nor smell to it: For that was also suggested to me, *Smell not.* So that I refus'd all Food whatever which might be offer'd me . . . Thus I continu'd several Days under the Influence of this Delusion, as tho' the Starving of my Body was the Way to save my Soul.

While I thus lay upon my Bed, with such a wild and troubl'd Fancy, Night and Day, I seemingly heard many Voices and Discourses; which I attributed to Fairies, who, I thought, were in the Wall, and there convers'd and were merry together . . .

Being in this miserable distracted Condition, and refusing to make use of any suitable and proper Means, in order to my Recovery, my Friends had Intelligence of a Person dwelling in Glastonbury, who was esteem'd very skilful and successful in such Cases. They sent for him. He came; and engag'd to undertake the Cure, upon Condition that they would safely convey me to his House, where I might always be under his View and Inspection, and duely follow his Prescriptions. Hereupon, my Friends determin'd to remove me to his House; but I was resolv'd not to move out of my Bed; for I was perswaded that if I removed out of it, I should fall into Hell, and be plung'd into the Depth of Misery. I likewise apprehended those about me, who would have pluck'd me out of my Bed, to have been so many Devils, who would have dislodg'd me: Therefore I stoutly resisted them, with all my Might and utmost Efforts, and struggled with all Violence, that they might not pluck me out of my Bed and cloath me. When one of the Persons about me came behind me to hold me up in my Bed, I was under terrible Apprehensions it was the Devil that seiz'd me. And the same Thought I had of all about me, that they were murtherous Devils; and that they exerted all their Power to carry me away into a Place of Torment. By their concurrent Strength they at length prevail'd against me, took me out of my Bed, cloath'd me, bore me out between them. They procur'd a very stout strong Man to ride before me; and when he was on Horseback, they by Force put me up behind him, bound me by a strong Linnen-Cloth to him; and, because I struggled, and did all I could to throw my self off the Horse, they tied my Legs under the Belly of it. All this while I was full of Horrours and of HELL within: I neither open'd mine Eyes nor my Mouth, either to see what was done about me or to make any Lamentations; for still I look'd upon this as my necessary Duty... I fancy'd, that every Step I stepp'd afterwards, I was making a Progess into the Depths of HELL. When I heard the Bell ring, I thought it to have been my Doom out of Heaven; and the Sound of every Double Stroke seem'd to me to be, Lower down; lower down; lower down; (*viz.*) into the Bottomless Pit. This to me then was a dismal dejecting Sound. Whatever Noises I heard as I past by, my Fancy gave them Hellish Interpretations: For I was now perswaded that I was no longer upon Earth, but in the Regions of HELL. When we came to the Town, I thought I was in the midst of HELL: Every House that we pass'd by was as it were a Mansion in Hell; and it seem'd to me that all of them had their several Degrees of Torment; & as we went forward, methought, their Torments encreas'd; and I fancy'd I heard some say, as they stood at their Doors with great Wonder, and somewhat of Pity, *What, must he go yet farther into Hell? O fearful! O dreadful!* and the like.

At last, by GOD's good Providence, we were brought safely to the Physician's House. Methought all about me were Devils, and he was Beelzebub. I was taken off my Horse, and expected immediately to be cast into intolerable Flames and Burnings, which seem'd to be before mine Eyes. The Carrying me into the House, and into an Inner and an Under Room appointed for my Lodgings, I thought to be a Casting me into Utter Darkness.

Here I was committed to a Person who came to be my Guardian, to watch me, that I might not destroy my self. And in this Room and House I continu'd several Weeks, nay, as I take it, Months. All the while I was full of Horrour, Delusions, Blasphemy, &c. and all attended with great Temptations to undo my self. Sometimes I continu'd in the Bed all the Day: Sometimes they put Bolts upon my Hands and Fetters on my Feet, when I prov'd violent and unruly (which I often did); for I would often strive and fight, contending with my utmost Strength, to get away from them, and so to free my self from that Place, which I thought to have been Hell, and from those Persons whom I thought to have been Tormentors . . .

Once, when I was thus manacled and fetter'd, the Mortifying of the Flesh, as commanded in Scripture, was brought to my Mind; and I was perswaded, that the Grating of my Flesh from my Bones, or the Putting of my Flesh to great Pains, was the Mortification requir'd. Therefore I twisted and wrested my Legs in my Fetters with all the Strength I had, enduring great and grievous Pains, and grating away some of the Flesh of my Leggs thereby. I can shew, to this very Day, some of the Marks of that Cruelty I us'd towards my self . . . I apprehended Self-Murther to be the only wise and charitable Act that I could do for my self, as the only Prevention of all expected and dreaded Torment . . . Sometimes I should endeavour to pluck off the Hair of my Head, because I fancy'd I had been proud of it . . .

But at length, thro' the Goodness of God, and by His Blessing upon Physick, a low Diet, and hard Keeping, I began to be somewhat quiet and compos'd in my Spirits; to be orderly and civil in my Carriage and Converse, and gradually to regain the Use of my Reason, and to be a fit Companion for my Fellow Creatures . . . for some Time after this, as to all external Actions, I liv'd very commendably . . . Hereupon, I greatly desir'd to return to Exeter, to our own Family . . . In a little Time I gain'd a Liberty of returning thither.

PHILIP GOODWIN (?-1699)

MA Cantab., vicar of Watford, Hertfordshire, and rector of Liston, Essex

The mystery of dreames, historically discoursed, 1658 *London, Tyton* pp. A3, A6, A8-a2, 5-7, 10-1

Hill's (1576) book on dreams was mainly focused on divination and prognostication. A hundred years later Sir Thomas Browne (1605-1682), MD Leyden & Oxon, physician of Norwich, saw in dreams a link with the dreamer's inner life. He wrote 'However dreams may be fallacious concerning outward events, yet may they be truly significant at home; and whereby we may more sensibly understand ourselves. Men act in sleep with some conformity unto their awakened senses; and consolations or discouragements may be drawn from dreams which intimately tell us ourselves. Luther was not like to fear a spirit in the night, when such an apparition would not terrify him in the day' ([On dreams], Sloane MS. 1874, fol. 112, reprinted in *Sir Thomas Browne's Works,* 1835, edited by Simon Wilkin). Goodwin argued that as physicians learnt about man's body from dreams how much more could they learn about man's mind: 'let a man Dream as a man, and a superiour principle will soon appear', and he elaborated this in great detail and with many illustrations. The attitude of the modern psychiatrist of whatever school to dream interpretation cannot be less controversially summarised than in Goodwin's words that 'Dreams are the thought-works of the waking mind, in the sleeping-man'.

DREAMS ARE THOUGHT-WORKINGS

Courteous Reader, I Crave thy favour, or at least to forbear thy censure, as concerning the Subject-Matter of this Book (which discoursing the HISTORY and MYSTERY of DREAMES) some men may imagine useless, judging both mine and other mens Study of this present Point to be paines to no purpose, &c. But be not discouraged (dear Christian) from a diligent endeavour to get a due understanding in the state of Dreames . . . Commendable it hath been in antient times to attain knowledg in Dreames, as may plainly and plentifully appear *From Sacred Scriptures,* & *From other Authors* . . .

The antient *Philosophers,* as Aristotle, Cicero, and severall others of the greatest repute, this is reported to their praise, they saw so much as enabled them to write largely and learnedly of the *Nature* of Dreames . . . Those famous *Physicians,* as Galen, Hypocrates, they to their high praise, proved and improved their excellent knowledg in Dreames, thereby dis-

cerning the *Symptomes* of severall diseases, and so perceived what proper *Meanes* to propose to their *Patients*, for their more quick recovery. Aquinas and others, give out evident Instances of such admirable advantages, by which was raised the fame of Physicians in former times; And if it were *laudable* in them, to look into Dreames to learn out the state of mens *bodies*, may it not be *commendable* in others, thereby to discover the case of mens *souls*?

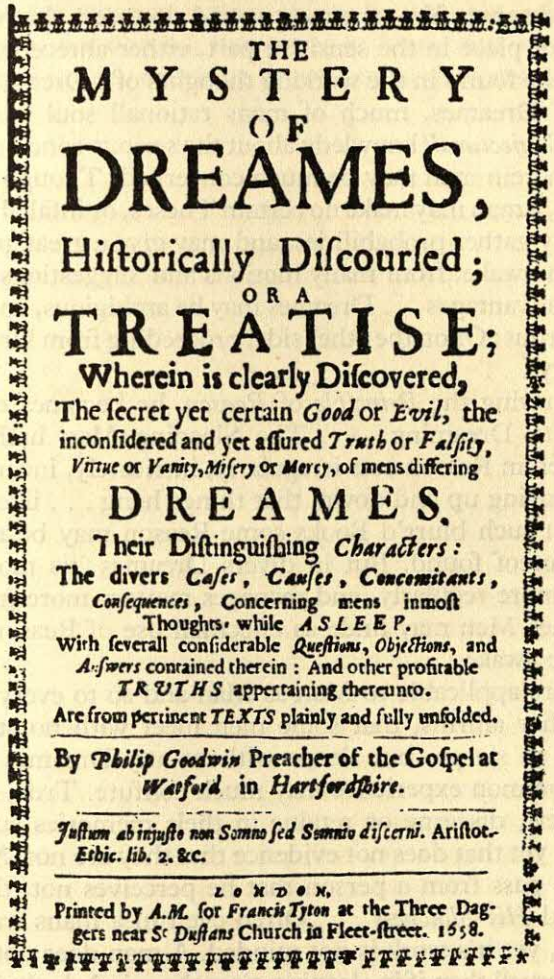

THE
MYSTERY
OF
DREAMES,
Hiſtorically Diſcourſed;
OR A
TREATISE;
Wherein is clearly Diſcovered,
The ſecret yet certain *Good* or *Evil*, the inconſidered and yet aſſured *Truth* or *Falſity*, *Virtue* or *Vanity*, *Miſery* or *Mercy*, of mens differing
DREAMES.
Their Diſtinguiſhing *Characters*:
The divers *Caſes*, *Cauſes*, *Concomitants*, *Conſequences*, Concerning mens inmoſt Thoughts while *ASLEEP*.
With ſeverall conſiderable *Queſtions*, *Objections*, and *Anſwers* contained therein: And other profitable *TRUTHS* appertaining thereunto.
Are from pertinent *TEXTS* plainly and fully unfolded.
By *Philip Goodwin* Preacher of the Goſpel at *Watford* in *Hartfordſhire*.
Juſtum ab injuſto non Somno ſed Somnio diſcerni. Ariſtot. *Ethic. lib.* 2. &c.
LONDON,
Printed by *A.M.* for *Francis Tyton* at the Three Daggers near St *Dunſtans* Church in Fleet-ſtreet. 1658.

FIG. 33 Title-page of Philip Goodwin's *Mystery of dreames*, 1658.

Dreames go much in the dark, as they usually be in the dark night, so of a darke nature: so vailed and covered, as they commonly require an Interpreter . . . This Knowledg, *viz.* of Dreames as in a more generall sense they are considered, may educe a double profitable knowledg, *viz.* *Certain*, & *Conjecturall* . . . 1. The reasonable soul in its reall Being, may

hereby be readily known. 'Tis sure in some Dreams men are meerly sensitive, sensuall, and bruitish; but let a man Dream as a man, and a superiour principle will soon appear. The rationall soul in its Thought-working, hereby comes to be discovered. The Philosopher who disputes to what part or power of the soul Dreames appertain, though he determines rather to the *Sensitive* than the *Intellective*, yet so as the soul is therein set awork in a way of Imaginations and Cogitations, some of which may transcend sense: Yea, the most sound do assert that oftentimes that which hath not place in the sensitive part, either antecedent or concomitant, may yet be found in the working thoughts of a Dream. So that by the Knowledg of Dreames, much of mans rationall soul may be certainly known. 2. A *Conjecturall* knowledg about the serious concernments of man, or matters wherein man may be much concerned. Though from Dreames so considered, a man may make no certain Theses, or infallable conclusions, yet a man may gather probabilities, and may give a great guess. Men may imagine when awake, from many motions and suggestions in sleep, what may be their advantages . . . Dreames may be ambigious, and to deed them may be dangerous; Or on the other side, proceeding from Dreames to deeds, may be a duty . . .

By Mans having the *Principle* of *Reason*, he becomes capable of, and Disposeable to Dreaming . . . The Sleeping Man hath indeed some Dreames wherein Reason acts irregularly, intricately, inconsistently, fluctuating and roving up and down, that things hang . . . like ropes of sand, yet certain in such blurr'd Books some Reason may be read, and some foot-steps thereof found. But in divers Dreames 'tis more discernable, Reason acts more regularly, and manages matters more methodically, so that sometimes Men may finde as effectuall use of Reason in their sleep as when wide awake . . .

Dreames are applicable to Man as Man and so to every Man. Though the Philosopher affirms, that some men meet with no such motions of their mindes in sleepe, but sleepe without any Dreames of any way or kinde. But common experience may much confute. True, some men may not animadvert, discerne or retaine in their memories such movings of their mindes, yet that does not evidence that they are not. Many a Dreame may possibly pass from a person that he perceives not, through . . . *Its Swiftness*, and *His Slowness* . . . Often even in a mans waking-time, the minde works, yet it's work is not minded. A man does not think what he thinks: no marvell then if in sleeping-time the minde looks little back upon its own business . . . so that much is done that is not seen, much in Dreames transacted that is not observed . . .

Dreames are the agitations, the egressions or Sallyings out of the Soul in thoughts of the mind, while the Body lyeth bound by sleep in the bed. A Dreame indefinitely and at large is the transacting of the reasonable Soul in the sleeping Body, through the coassisting help of those admirable Faculties: *The Phantasie*, and *The Memory*. Both which Faculties are found

most active in the season of sleep; For in sleep the outward Senses as Hearing, Seeing, &c. being bound from their organicall and extrinsecall exercises and ordinary conveyances. The inward Senses and Powers of the Soul as the Phantasie and Memory, are at the more liberty and freedome from such externall attendances, and so being at better leisure, they within themselves fall to reflectings, to new forming and erecting new frames of things that are vented in Dreames. The Phantasie and the Memory are the Souls working Shops wherein strange things be wrought, when the Soul (as I may say) goes not abroad, but stayes at home and works within it self, strange things it does which be drawn out in dreames.

DISPUTATIO MEDICA INAUGURALIS,

DE

Affectione Hypochondriaca.

QVAM,

Favente Divino Numine,

Ex Authoritate Magnifici D. Rectoris,

D. ADOLFI VORSTII, Medicinæ Doctoris & Professoris in Illustri Lugd. Batav. Academiâ primarii, Hortique Medici Præfecti,

NEC NON,

Amplissimi Senatus Academici Consensu, ac Celeberrimæ Facultatis MEDICÆ *Decreto,*

Pro Gradû Doctoratus, summisque in MEDICINA Honoribus & Privilegiis ritè consequendis,

Eruditorum examini subjicit

JOHANNES DOWNES, Anglus.

Ad diem 26 Julii, hora locoque solitis.



LUGDUNI BATAVORUM,

Apud JOHANNEM ELSEVIRIUM,

Academ. Typograph.

clɔ Iɔc LX.

FIG. 34 Title-page of *De affectione hypochondriaca* (Leyden 1660) an inaugural thesis for the Leyden MD by John Downes (1627–1694) who like many Englishmen went abroad for his degree (since Oxford and Cambridge required twelve years' study and subscription to the Thirty Nine Articles) by virtue of which he was incorporated MD Oxon, became FRCP and FRS and physician to Christ's Hospital.

JEREMY TAYLOR (1613–1667)

MA Cantab., DD Oxon, Bishop of Down and Connor

Ductor dubitantium, or the rule of conscience, 1660 *London, Royston* 2 vols
Vol. 1, pp. 208, 216-7, 210-1

A scruple as Taylor defined it is in psychiatric terminology today called an irrational fear or obsessional phobia. He recognised that the patient 'knows not what or why' he fears, in other words that his anxiety is unconsciously determined. He also made the valid observation that the mood of the obsessional is fundamentally sad even though he does not appear so, because an obsessive-compulsive neurosis is a means of warding off expected or dreaded evil or punishment. In the account of William of Oseney, quoted here, the illness began with overscrupulosity in religious matters, sometimes an early symptom of impending mental breadown with which priests are more familiar than psychiatrists. This typical case history shows how obsessions may spread to rule the patient's life and lead to psychotic breakdown – in his case followed by recovery.

SCRUPLES: OBSESSIONAL NEUROSIS

A scruple is a great trouble of minde proceeding from a little motive, and a great indisposition, by which the conscience though sufficiently determined by proper arguments, dares not proceed to action, or if it doe, it cannot rest . . . That it is a great trouble, is a daily experiment and a sad sight: Some persons dare not eat for fear of gluttony, they fear that they shall sleep too much, and that keeps them waking, and troubles their heads more, and then their scruples increase. If they be single persons, they fear that every temptation is a . . . burning which the Apostle so carefully would have us to avoid, and then that it is better to marry then to suffer it; and if they think to marry, they dare not for fear they be accounted neglecters of the glory of God which they think is better promoted by not touching a woman. When they are married they are afraid to doe their duty, for fear it be secretly an indulgence to the flesh, and to be suspected of carnality, and yet they dare not omit it, for fear they should be unjust, and yet they fear that the very fearing it to be unclean should be a sin, and suspect that if they doe not fear so, it is too great a sign they adhere to Nature more then to the Spirit. They repent when they have not sinn'd, and accuse themselves without form or matter; their virtues make them tremble, and in their innocence they are afraid; they at no hand would sin, and know not on which hand to avoid it: and if they venture in, as the

flying Persians over the river Strymon, the ice will not bear them, or they cannot stand for slipping, and think every step a danger, and every progression a crime, and beleeve themselves drowned when they are yet ashore . . . Scruple is a little stone in the foot, if you set it upon the ground it hurts you, if you hold it up you cannot goe forward; it is a trouble where the trouble is over, a doubt when doubts are resolved . . . Very often it hath no reason at all for its inducement, but proceeds from indisposition of body, pusillanimity, melancholly, a troubled head, sleepless nights, the society of the timorous from solitariness, ignorance, or unseasoned imprudent notices of things, indigested learning, strong fancy and weak judgement; from any thing that may abuse the reason into irresolution and restlesness . . . The scrupulous man is timorous, and sad, and uneasy, and he knows not why. As the melancholy man muses long, and to no purpose, he thinks much, but thinks of nothing; so the scrupulous man fears exceedingly, but he knows not what nor why. It is a Religious melancholy, and when it appears to be a disease and a temptation, there needs no more argument against its entertainment. We must rudely throw it away.

William of Oseney was a devout man, and read two or three Books of Religion and devotion very often, and being pleased with the entertainment of his time, resolved to spend so many hours every day in reading them, as he had read over those books several times; that is, three hours every day. In a short time he had read over the books three times more, and began to think that his resolution might be expounded to signify in a current sense, and that it was to be extended to the future times of his reading, and that now he was to spend six hours every day in reading those books, because he had now read them over six times. He presently considered that in half so long time more by the proportion of this scruple he must be tied to twelve hours every day, and therefore that this scruple was unreasonable; that he intended no such thing when he made his resolution, and therefore that he could not be tied: he knew that a resolution does not binde a mans self in things whose reason does vary, and where our liberty is intire, and where no interest of a third person is concerned. He was sure that this scruple would make that sense of the resolution be impossible at last, and all the way vexatious and intolerable; he had no leisure to actuate this sense of the words, and by higher obligations he was faster tied to other duties: he remembered also that now the profit of those good books was receiv'd already and grew less, and now became chang'd into a trouble and an inconvenience, and he was sure he could imploy his time better, and yet after all this heap of prudent and religious considerations, his thoughts revolv'd in a restless circle, and made him fear he knew not what. He was sure he was not oblig'd, and yet durst not trust it; he knew his rule, and had light enough to walk by it, but was as fearful to walk in the day as children are in the night. Well! being

weary of his trouble, he tells his story, receives advice to proceed according to the sence of his reason, not to the murmurs of his scruple; he applies himself accordingly. But then he enters into new fears; for he rests in this, that he is not oblig'd to multiply his readings, but begins to think that he must doe some equal good thing in commutation of the duty, for though that particular instance become intolerable and impossible, yet he tied himself to perform that which he beleev'd to be a good thing, and though he was deceived in the particular, yet he was right in the general, and therefore that for the particular he must make an exchange. He does so; but as he is doing it, he starts, and begins to think that every commutation being intended for ease, is in some sense or other a lessening of his duty, a diminution of his spiritual interest, and a note of infirmity; and then also fears, that in judging concerning the matter of his commutation he shall be remiss and partial . . . What shall the man doe? He dares not trust himself; and if he goes to another, he thinks that this will the more condemne him; he suspects himself, but this other renders him justly to be suspected by himself and others too. Well! he goes to God and prays him to direct him; but then he considers that Gods graces are given to us working together with Gods Spirit, and he fears the work will not be done for him because he fails in his own part of cooperating; and concerning this he thinks he hath no scruple, but certain causes of fear. After a great tumbling of thoughts and sorrows he begins to beleeve that this scrupulousness of conscience is a temptation, and a punishment of his sins, and then he heaps up all that ever he did, and all that he did not, and all that he might have done, and seeking for remedy grows infinitely worse, till God at last pitying the innocence and trouble of the man made the evil to sink down with its own weight, and like a sorrow that breaks the sleep, at last growing big, loads the spirits, and bringing back the sleep that it had driven away, cures it self by the greatness of its own affliction.

JOHN GRAUNT (1620–1674)

FRS, haberdasher of London and author of the first book on vital statistics

Natural and political observations mentioned in a following index, and made upon the bills of mortality, 1662 *London, Martin* et al. p. 22

Graunt was the first who applied mathematical methods to vital statistics and his methodology was not improved on for more than a hundred years (with the exception of Halley's Life Tables). His book which went into five editions in the seventeenth century was based on data published in the London Bills of Mortality compiled by the Company of Parish Clerks from 1536. After 1629 these contained besides christenings, burials and deaths due to the plague 'An Accompt of the *Diseases*, and *Casualties* whereof any dyed, together with the distinction of *Males* and *Females*'. In his dedication Graunt stated that he had 'reduced several great confused Volumes [of the Bills of Mortality] into a few perspicuous *Tables*, and abridged such *Observations* as naturally flowed from them, into a few succinct *Paragraphs*, without any long Series of *multiloquious Deductions*'. The result so impressed Charles II that he recommended the 'judicious Author' to the Royal Society, 'In whose Election, it was so farr from being a prejudice, that he was a Shop-keeper of *London*; that His Majesty gave this particular charge to His Society, that if they found any more such Tradesmen, they should be sure to admit them all, without any more ado' (T. Sprat *The history of the Royal-Society of London*, 1667, p. 67). From the book are quoted Graunt's discussion on the morbidity and mortality rates of insanity and suicide in London based on figures given in one of his tables illustrated in FIG. 35, which shows total deaths from 'notorious Diseases' and 'Casualties' compiled from figures covering twenty years from 1629-36 and 1647-60.

STATISTICS OF LUNACY

11. The Lunaticks are also but few, *viz.* 158 in 229250. though I fear many more then are set down in our Bills, few being entred for such, but those who die at Bedlam; and there all seem to die of their Lunacie, who died Lunaticks; for there is much difference in computing the number of Lunaticks, that die (though of Fevers and all other Diseases, unto which Lunacie is no *Supersedias*) and those that die by reason of their Madness.

12. So that, this Casualty being so uncertain, I shall not force my self to make any inference from the numbers, and proportions we finde in our Bills concerning it: onely I dare ensure any man at this present, well in his Wits, for one in the thousand, that he shall not die a Lunatick in

Bedlam, within these seven years, because I finde not above one in about one thousand five hundred have done so.

13. The like use may be made of the Accompts of men, that made away themselves, who are yet another sort of Mad-men, and think to ease themselves of pain by leaping into Hell; or else are yet more Mad, so as to think there is no such place; or that men may go to rest by death, though they die in self-murther, the greatest Sin.

live in great fear, and apprehenſion of ſome of the more formidable, and notorious diſeaſes following; I ſhall onely ſet down how many died of each: that the reſpective numbers, being compared with the Total 229250, thoſe perſons may the better underſtand the hazard they are in.

Table of notorious Diſeaſes.		*Table of Caſualties.*	
Apoplex	1306	*Bleeding*	069
Cut of the Stone	0038	*Burnt, and Scalded*	125
Falling Sickneſs	0074	*Drowned*	829
Dead in the ſtreets	0243	*Exceſſive drinking*	002
Gout	0134	*Frighted*	022
Head-Ach	0051	*Grief*	279
Jaundice	0998	*Hanged themſelves*	222
Lethargy	0067	*Kil'd by ſeveral accidents*	1021
Leproſy	0006	*Murthered*	0086
Lunatique	0158	*Poyſoned*	014
Overlaid, and ſtarved	0529	*Smothered*	026
Palſy	0423	*Shot*	007
Rupture	0201	*Starved*	051
Stone and Strangury	0863	*Vomiting*	136
Sciatica	0005		
Sodainly	0454		

18. In the foregoing Obſervations we ventured to make a Standard of the healthfulneſs of the *Air* from the proportion of *Acute* and *Epidemical* diſeaſes, and of the wholeſomeneſs of the Food from that of the *Chronical*. Yet, foraſmuch as neither of them alone do ſhew the *longævity* of the Inhabitants, we

FIG. 35 'Table of notorious Diseases' and 'Casualties' from John Graunt's *Natural and political observations . . . upon the bills of mortality*, 1662.

ROBERT BAYFIELD (1630–1690)

MA Cantab., MD Leyden, physician of Norwich

A treatise de morborum capitis essentiis & prognosticis. Adorned with above three hundred choice and rare observations, 1663 *London, Tomlins* (pp.xxii +190) pp. 49-52, 66-7

This treatise on diseases of the head dealt not only with cerebral and mental affections but also with diseases of the eyes, ears, nose and mouth since at that time pathology was grouped by anatomical regions rather than by organs as it was after Morgagni (1761). The book begins with 'Intemperies cerebri, the Distempers of the Brain' defined as 'a swerving of the same from its natural and pristine temper, brought upon it, by reason of some external and internal causes', and ends with chapter 129 on 'The Malignant Ulcers of the Tonsils'. From it are chosen Bayfield's accounts of: 1. '*Lycanthropy*', a condition frequently mentioned in earlier times and often linked with hydrophobia in which sufferers were believed to imitate dogs and wolves. Its decline into oblivion in the seventeenth century was due partly to a decrease in superstition in a more scientific age, partly to more widespread recognition of the symptoms of mental illness, and partly to better community care which prevented the insane from wandering abroad. 2. '*Chorea lascivia*', the dancing mania, also called tarantism, St Vitus's dance and chorea major, prevalent in epidemic form on the Continent from the thirteenth to sixteenth centuries and recognised by Paracelsus (1567) as a manifestation of mental illness. 3. '*Catalepsy*' or 'Congelation', a term which covered a confusing and confused number of totally different conditions such as organic and non-organic stupors of sudden onset, death from lightening preserving natural postures, and *flexibilitas cerea*, a catatonic manifestation.

LYCANTHROPY

Lycanthropy, Wolf-madness, is a disease, in which men run barking and howling about graves and fields in the night, lying hid for the most part all day, and will not be perswaded but that they are Wolves, or some such beasts. *Donatus ab Altomari* saith, they have usually hollow eyes, scabbed legs and thighs, very dry and pale, and that he saw two of them in his time. *Wierus* tells a storie of such a one at *Padua*, 1541. that would not believe to the contrary, but that he was a Wolf: He hath another instance of a Spaniard, who thought himself a Bear. *Forestus* confirms as much by many examples; one amongst the rest, of which he was an eye-witness, at *Alcamer* in *Holland*; a poor Husbandman, that still hunted about graves, and kept in Church-yards, of a pale, black, ugly, and fearful look. This malady, saith *Avicenna*, troubleth men most in February, and is now adayes frequent in *Bohemia* and *Hungary*, according to *Heurnius*. A certain young man, in this City, tall, slender, and black, of a wild and strange look, was taken with this kinde of malady, for he run barking and howling about

the room where he was, and would make to get out; so that its most like, if he had got abroad, he would have haunted some solitary place: I remember I opened a vein, and drew forth a very large quantity of blood, black like Soot.

Τῆς Ἰατρικῆς Κάρη Θ. :

OR A

TREATISE

DE

Morborum CAPITIS *Eſſentiis & Prognoſticis.*

Adorned with above three hundred Choice and Rare Obſervations: Many of them Selected out of the moſt Eminent and Renowned Authors now Extant amongſt us.

BY

ROBERT BAYFIELD, *Phyſician.*

Morborum Medicamina, ſi à Doctis uſurpata, remedia; ſi verò ab indoctis & inexercitatis, reperientur venena.



LONDON,

Printed by *D. Maxwel*, and are to be ſold by *Richard Tomlins*, at the Sun and Bible in Pie-corner, 1663.

FIG. 36 Title-page of Robert Bayfield's *Treatise de morborum capitis*, 1663.

CHOREA LASCIVA

Lasciva chorea, The Lascivious dance, is a malady, arising from a malign humor, with the which whosoever are taken, can do nothing but dance till they be dead, or cured. This disease hath been very common in *Germany*, as appears by those relations of *Schenkius*, and *Paracelsus*, in his Book of madness, who brags how many several persons he hath cured of it. 'Tis strange to hear how long they will dance, and in what manner, over stools, forms, tables, even great bellied women sometimes (and yet never hurt their children) will dance so long that they can stir neither hand nor foot, but seem to be quite dead. *Felix Platerus, de mentis alienatione, cap.* 3. reports of a woman in *Basil*, whom he saw, that danced a whole month together. Such as are taken with this malady cannot abide or indure one in red clothes: But Musick above all things they love, and therefore the Magistrates in *Germany* will hire Musicians to play to them, and some lusty, sturdy companions, to dance with them.

CATALEPSY

A Congelation, is a sudden surprizal of all the senses, the motion, and the minde, with the which those that are seized upon, and invaded, remain and abide stiff, in the very same state and posture in which they were taken and surprized, with their eyes open and immovable . . . *Galen* mentioneth a story of a school-fellow of his, who when he had wearied himself with long studie, fell into a Catalepsis or Congelation; he lay (saith he) like a log all along, not to be bent, stiffe, and stretched out, and seemed to behold us with his eyes, but spake not a word: And he said, that he heard us what we said at that time, although not evidently and plainly, and told us some things that he remembred, and said, all that stood by him were seen of him, and could remember and declare some of their gestures at that time, but could not then speak, or move one part of his body. *Cardanus* reports of eight Mowers, which supping under an Oak were struck with thunder, so as they kept the same shape of body, the one seeming to eat, the other to lay hold of the pot, another to drink, when they were all dead. *Fernelius* relates two stories, which are these; one while he being very studious and writing was so suddenly struck with a Congelation, that sitting and holding his pen, with his eyes open, and looking upon his Book, you would have thought, he had been hard at study, till he was by calling, and jogging, found to want all sense and motion. Another I saw like a dead man, lying along, with neither seeing, hearing, nor feeling when he was pinched; but he breathed freely, and whatsoever was put into his mouth he presently swallowed; if he were taken out of his bed, he did stand alone, but being thrust he would fall down; and which way soever his arm, hand, or leg was set, there it stood fixed, and firm; you would have taken him for a Ghost, or some rare Statue.

EVERARD MAYNWARING (1626-1699)

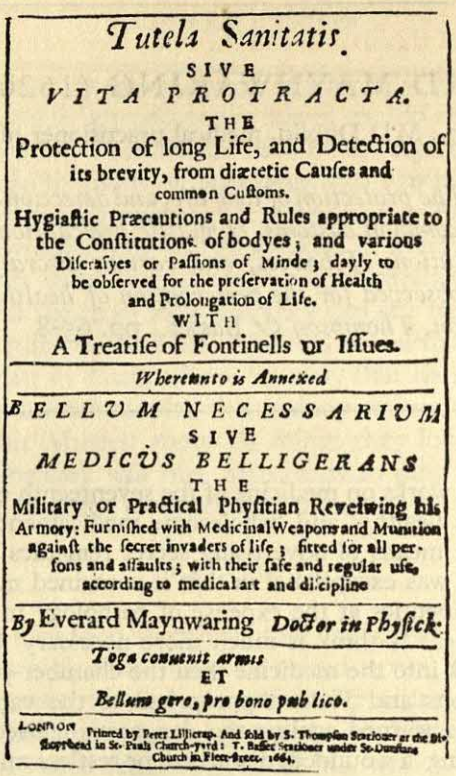
MB Cantab., MD Dublin, medical practitioner of London

Tutela sanitatis . . . The protection of long life, and detection of its brevity, from diætetic causes and common customs. Hygiastic præcautions and rules appropriate to the constitutions of bodyes; and various discrasyes or passions of minde; dayly to be observed for the preservation of health and prolongation of life, 1664 *London, Thompson & Basset* pp. 65-8

Many of the popular works on medicine of the seventeenth century which gave 'lawes to govern the healthy' and 'wholesome medicaments for the sick and infirme' were in fact means of advertising secret remedies and their authors' skills. Maynwaring's was exceptional in that it contained much else, although he too stressed therapeutics at the expense of pathology in keeping also with the spirit of the times: 'I think it much more necessary' he wrote 'that the Physitian should look into the medicine then the chamber-pot'. In his chapter 'Hygiastic Præcautions and Rules Appropriate to the various discrasyes or passions of Mind' he warned against the dangerous consequences of uncontrolled passions causing 'a wounded, disturbed, or restless mind' and 'a diseased body'. This shows the important role attributed to emotional factors (in their physical concomitants not their psychological relations) in causing disease of body and mind – the omnibus psychosomatic concept of etiology which receded only with the rise of organ pathology. Within this frame work the state of the mind was as much an index of the state of the body as any physical sign.

HYGIASTIC PRÆCAUTIONS APPROPRIATE TO THE DISCRASYES OF MIND

From the preceeding discourse may easily be collected, that the distempers and alienations of the soul from her genuine crasis of serenity and quietude, is of great disadvantage, to health; impressing upon the body various preternatural effects, forming the Ideas and characters of diseases upon the spirits, and by them communicated, conveighed and propagated in the body; likewise the morbific seeds & secret characters of diseases which lay dead and inactive, are by the æconomical disturbance and perturbations of minde, awakened, moved and stirred up to hostility and action which otherwise would have layen dormant; as by greif, fear or anger; hysterical passions, swoonings, epilepsies, &c. Are often procured; and it is evident, and commonly observed by infirme and diseased people, how passion agravates and heightens their distempers; and according to the temper



Tutela Sanitatis.

SIVE

VITA PROTRACTA.

THE

Protection of long Life, and Detection of its brevity, from diætetic Cauſes and common Cuſtoms.

Hygiaſtic Præcautions and Rules appropriate to the Conſtitutions of bodyes; and various Diſcraſyes or Paſſions of Minde; dayly to be obſerved for the preſervation of Health and Prolongation of Life.

WITH

A Treatiſe of Fontinells or Iſſues.

Whereunto is Annexed

BELLUM NECESSARIUM

SIVE

MEDICUS BELLIGERANS

THE

Military or Practical Phyſitian Reveiwing his Armory: Furniſhed with Medicinal Weapons and Munition againſt the ſecret invaders of life; fitted for all perſons and aſſaults; with their ſafe and regular uſe, according to medical art and diſcipline

By Everard Maynwaring *Doctor in Phyſick.*

Toga conſenit armis

ET

Bellum gero, pro bono publico.

LONDON Printed by Peter Lillicrap. And ſold by S. Thompſon Stationer at the Bible Gropehead in St. Pauls Church-yard: T. Baſſet Stationer under St. Dunſtans Church in Fleet-ſtreet. 1664.

FIG. 37 Title-page of Everard Maynwaring's *Tutela sanitatis*, 1664.

of their mindes will their bodily infirmities be agravated or abated. I shall conclude this subject with three corollaryes being the Epitome of what hath been asserted and aimed at.

(1) There is no perturbation or passion of mind, whether little or great, but it works a real effect in the body more or less, according to the nature and strength of the passion; and by how much the more suddain, great, often, and longer duration the passion is by so much are the impressions and effects worse, more durable and indeleable. You cannot be angry or envious or Melancholly, or give way to any such passion, but you cherish and feed an enemy that preys upon your life; and you may be assured that passion makes as great nay greater alteration within the body; then the change of your countenance appears to outward view, which is not a little, although but the shadow or reflections of the inward distemper and disorder: and were it possible by any perspective to see the alteration and discomposure within made by a passionate minde, the prospect would be strange, and much different from that placidness and tranquility of an undisturbed quiet soul.

(2) Strong and vehement passions or affections of the mind to intent upon this or that object, whether desirable, or formidable and to be

avoided, alienates suspends & draws of the wonted vigour influence and preservative power of the soul due to the body; whereby the functions and operations are not duly and sufficiently performed, but intempestively remissly and weakly: nor is the dammage onely privative, but also introduceth and impresseth upon the spirits a morbific Idea, which is *ens reale & seminale*, producing this or that effect, according to the nature and property of the Idea received, and aptitude of the recipient subject. Phansies and Idea's are let in naked, but they strait are invested and cloathed in the body, have a real existence, and are *entia realia*; though at first conception but *entia rationis* . . . a good stomack is taken off its meat suddenly, by the comming of some unwelcome bad news; the appetite is gone now the soul is disquieted, and the Body really affected and altered: let this sad tidings be contradicted, and the Soul satisfied of the truth to the contrary, it sets a new impression upon the spirits, they strait are cheered, lively and active; the stomack calls for meat and drink, and the faculties restored to their wonted operations. Whereby it appears, the two passions of joy and grief, as they are opposite in their objects, so are their effects wrought in the body, as far distant and different.

(3) A cogitative or contemplative person to intent, alwayes or unseasonably employing the mind seriously and eagerly either in real or fictious matters, fabricating Idea's upon the spirits, disturbs and hinders other necessary offices and opperations conservative of being, enervates and weakens their performance in duty, impares health, and hastens old age.

WILLIAM DRAGE (?1637–1669)

Practitioner and teacher of medicine of Hitchin, Hertfordshire

Daimonomageia. A small treatise of sicknesses and diseases from witchcraft, and supernatural causes . . . Being useful to others besides physicians, 1665 *London, Dover* pp. 3, 32-8

Drage appended to his textbook of medicine *A physical nosonomy* this vivid account of a patient reputed to be inhabited by or 'possessed of two Devils'. It describes in seventeenth century setting a manifestation of mental illness which some two hundred years later and seemingly unconnected with this and similar accounts aroused much interest as double consciousness and double or multiple personality, and of which reports even today occasionally receive wide publicity. In the nineteenth century these phenomena together with somnambulic performances came to be extensively investigated under the stimulus of mesmerism and hypnotism, when it was found that they could be artificially induced in the trance (Morton Prince's (1905) biography of Sally Beauchamp is the classical example). From here it is easy to trace how Janet's concept of dissociation and disintegration or fragmentation of personality influenced Bleuler (1911) to think of severe mental illness in terms of 'splitting of psychic functions', split mind or schizophrenia. Such historical links show how identity of clinical experience may be masked when observations are made and recorded within different conceptual frameworks in different ages, and how this tends to obscure the continuity of psychiatric thought and the sameness of basic observations.

POSSESSED OF TWO DEMONS: MULTIPLE PERSONALITY

A Disease of Witchcraft is a Sickness that arises from strange and preternatural Causes . . . afflicting with strange and unaccustomed Symptoms, and commonly preternaturally violent, very seldom or not at all curable by Ordinary and Natural Remedies.

A Relation of Mary Hall of Gadsden, reputed to be possessed of two Devils

Mary Hall, a Maid of Womans Stature, a Smiths Daughter of little Gadsden in the County of Hartford, began to sicken in the fall of the Leaf, 1663. It took her first in one foot with a trembling shaking and Convulsive motion, afterwards it possessed both; she would sit stamping very much; she had sometimes like Epileptick, sometimes like Convulsive fits, and strange ejaculations: she was sent to Doctor Woodhouse of Barkinsted, a

Man famous in curing bewitched persons, for so she was esteemed to be; he seeing the Water and her, judged the like, and prepared stinking Suffumigations, over which she held her head, and sometimes did strain to vomit, and her distemper for some weekes seemed abated, upon Doctor Woodhouse direction; Then reinvigorating, were heard in her strange noises, like mewing of Cats, barking of Dogs, roaring of Bears, &c. at last a Voice spoke in her, *Pus Cat, what a Cat? nothing but mue;* this was about the beginning of August, 1664. and after this the evil Spirit spoke often, exercising the tricks and torments, convulsions, and elevations of the Maid, as before it spoke, with some Additions.

The manner and matter of the Spirits speaking was on this wise:

If any said, *Get thee out of her, Satan;* the spirit replyed, *We are two;* and as oft as any said, *Satan,* or *Devil,* it would reply, *We are two;* and would say, *We are onely two little Imps, Goodwife Harods, and Youngs; sometimes we are in the shape of Serpents, sometimes of Flyes, sometimes of Rats or Mice; and Gfe Harod sent us to choak this Maid, Mary Hall; but we should have choaked Goodman* Hall, *but of him we had no Power, and so possessed his daughter; we came down the Chimny, riding on a stick, and went first to Mary's foot, whereupon her foot trembled first of all her distemper.* At other times, upon diverse occasions, either voluntarily, or in answer to the questions of those that came to see her, they said, *They would do more mischief if they could; yea, they would destroy all Mankind, and be revenged on their Adversaries, but God was above, they had not Power,* yet many times they would speak Blasphemously of God; and say, *God cannot cast us out, we are above God; we are four to one,* (meaning the two Witches that sent them, and they two, against God) *and do you think we cannot deal with him well enough.* When some came to pray, they would say, *You shall not cast us out, we will tire you all out;* and when they had done praying, the Spirits would say, *Did we not tell you, you should not cast us out? where is your God now? . . .*

Sometimes to those that came to cast them out, they would say, *They would be gone to morrow; or that they had a short time, and therefore must be busie in shewing a few prankes more, ere they went out;* at another time they would tell them, *They must choak her, and they would not out yet.*

Sometimes they would bid her, *Mary, choak your self,* when she went to eat; and when she went nigh water, *Mary, dround your self;* and when she would not do it, and they wanted Power to make her, they would say, *Ah Fool, Fool, Fool, Fool, what will you not drownd your self?* when she was nigh the Fire, they would say, *Mary, put your head into the Fire;* or, *Mary, put your head into the Pot,* and sometimes of a suddain they would dop down her head, as if she should put it into the Scalding Pottage, but could not effect it.

Because many People came to her, her father, in September sent her to several Friends Houses, five or six miles more or lesse distant; where Friends met to pray; and the Spirits would say, *Mary shall not ride,* and

would lift her up, and make her shake, so that they were fain to hold her on the Horse; but formerly they suffered her to ride without interruption; since they begun to speak, when she went to read in the Bible, they would say, *Mary, do not read;* or *Mary you shall not read, for Books are all against us;* her father would say, *She shall read in spight of all the Devils*, and so she did alwayes without interruption; for when she read, she was not molested, but once they did convulse her Arms, and threw the Books far from her. When some prayed by her, and said, *At the name of God shall all Flesh Tremble; and at the Name of Jesus shall every knee bow*, they would make her to tremble, and her knees to bow; and when so done, laugh and sing, *We know how to cheat you, and make you believe any thing* . . . Sometimes when questions were asked, they would make no answer; and sometimes, answer to each question; sometimes indirectly, and sometimes directly; sometimes seriously, and sometimes scoffingly; and sometimes would do nothing, but say and gainsay themselves: one spake to them in Latine, and they answered, *We cannot speak Latine;* and presently they said, *If we can, we will not:* the father thinks one speaks one thing and the other another.

A

TRACTATE

OF THE

DISEASES

OF THE

HEAD.

WE ſhall divide Diſeaſes of the Brain into two parts:

1. Diſeaſes of Senſe.
2. Diſeaſes of Motion.

The firſt we ſhall divide into two parts:

1. Diſeaſes of Stupidity and Aſtoniſhment.
2. Diſeaſes of aggravated Senſe or Madneſs.

The ſecond we ſhall alſo divide into two parts:

1. Diſeaſes of Motion leſſened or aboliſhed.
2. Into Diſeaſes of Motion depraved: So that under theſe two, Diminution, Depravation, or Abolition of Senſe and of Motion, we ſhall comprehend a Diſcourſe of all the Diſeaſes of the Brain.

I. For Diſeaſes of Stupidity or Aſtoniſhment: The Ancients were pleaſed to call them *Comæ*, or *Carus*, *Catalepſis*, or *Cataphora*, *Apoplexia*,

FIG. 38 First page of section on 'Diseases of the Head' from William Drage's *Physical nosonomy*, 1665.

They would often repeat what Doctor Woodhouse had done, and said, about their casting out, and remember all exactly, and laugh at him, saying, *Doctor Woodhouse would have cast us out, but he could not; he is a cunning fellow, but we are cunninger then he; let not him think a few slaps will expel Satan* . . . Sometimes her lips in speaking were not moved, but commonly they were, and her tongue alwayes; for the Spirits by the pains she felt, and by the swelling of those parts seen to the Spectators, came to the root of the Tongue, and moved it . . . Sometimes she would beat her self, sometimes with one, sometimes both hands, chiefly on the Breast. Sometimes her legs would go, fast and violently, kicking of the ground, and the Spirits would say, *Come, Mary, Dance;* and then they would make a tune, and make her feet to Dance it; sometimes they would say, *Mary, make a mouth;* and then they convulsed her mouth, so that her lips seemed gristles, and her Nose was sometimes drawn up; another time they should say, *We will put out your Eyes;* and then they would so draw together her Eye-lids, that scarce any extuberance of the Eye could be perceived. Sometimes they would say, *Come, Mary, turn round* . . . and she would do accordingly. Sometimes when the Spirits moved her Tongue, some of the House would catch hold of it, to stay it, and it was pulled from them . . . Since, on December 1. I was there, and saw the postures and carriage of the Maid: when I went first into the house the Maid was feeding, and looked well-bled, seemingly she was very well: I asked the Spirits some questions, and they answered me, but very foolishly . . . Both in her reading and feeding, both her fits of speaking, and convulsive fits molested her: alwayes when she spoke, her voice was intelligible, plain, and modest; they spoke scarce to be understood: alwayes afore they spake, her Throat swelled, her Face grew red, her head shook, and was wreathed about, until they had done; when I caused her tongue to be held out of her motuh, their voice was more obscure; it is sometimes hoarser, sometimes shriller; sometimes small, sometimes great; sometimes her Throat swells more, sometimes lesse, and her Breast is elevated; she went to read, they told her, *she should not*, yet she did; she then had a shaking of one Leg; I laid my hand upon her knee, and then the motion ceased there, and writhed her body; in her going, one Leg was took, as it were, with a cramp; but sometimes she goeth very well; nothing happens alwayes, and each sometimes; sometime one member, sometime another . . . sometimes almost all the members, and sometimes scarce any . . .

Not being satisfied with what I saw, I went over to *Barkinsted* to Doctor *Woodhouse*, who was her Physitian, and he told me *he really thought she was possessed*, and he told me two able Physitians, (whose names I have now forgotten) were with her, and told him she was Dæmoniacally possessed, and that they being very lately in France, saw there a whole Convent of Nunns so handled as Mary Hall was, with their Abbatesse.

VALENTINE GREATRAKS (1629–1683)
[GREATRAKE, GRATRIX, GERTRUX, etc.]

Country gentleman; Clerk of the Peace, County Cork, Ireland; healer

A brief account of Mr Valentine Greatrak's, and divers of the strange cures by him lately performed. Written by himself in a letter addressed to the Honourable Robert Boyle Esq., 1666 *London, Starkey* (pp. 96) pp. 68-71

Another edition Dublin 1668

A number of patients with disturbances of motion or sensation especially pain remain unrelieved by routine medical treatment because their symptoms are due to mental rather than physical disease. Orthodox medicine took little notice of this fact in practice and tended to physic all patients alike, although it had been realised since the days of Hippocrates that psychological factors could simulate or aggravate bodily illness. From time to time this deficiency was exploited by outsiders who claimed miraculous powers and cured without the *res medica*. Naturally their most rewarding field was among such patients who suffered from functional disorders which would today be labelled variously neurotic, hysterical or hypochondriacal; and sometimes they also brought symptomatic relief to the chronic sick given up as incurable by the profession.

One of the best known and perhaps the most honest of these healers was Greatraks (whose name is spelt in a dozen different ways) who came to England from Ireland in 1666 on 'an Impulse, or a strange perswasion . . . that there was bestowed on me the gift of healing'. Essentially his method was to stroke the affected parts and he became known as 'the stroker'. His successes caused considerable stir in medical and scientific circles and at the height of his popularity he was commanded by Charles II to give a demonstration of his powers in Whitehall on three patients brought from St Bartholomew's Hospital. Curing disease by touching or stroking has of course a very ancient history including biblical precedent; in Greatraks's England it was still considered a divine gift of kings.

His book besides an autobiographical introduction consists of testimonials of cures from men eminent in public affairs, physicians and early Fellows of the Royal Society such as Robert Boyle who witnessed many strokings (the extract is taken from 'Dr Fairecloughs Letter to Sir William Smith'). From these accounts Greatraks seems to have had sound clinical sense: he cured 'a man who could not move his hand, it being to his thinking dead' – a case of functional or 'hysterical' paresis; but 'conceived himself unable to do' another patient 'any conceivable good, Dead Palsies on the left side seldome giving place or being helped by the application of his hands' – clearly a case of organic hemiplegia.

Each healer before and after Greatraks had in the long run a stimulating effect on medicine: in practice by reminding doctors of the extent to which mind can influence body; and scientifically by urging the study of mind. A century after Greatraks came Mesmer whose work inspired Braid in the nineteenth century to investigate mesmeric or trance phenomena to which he gave the name hypnosis. Hypnotism in turn was used by Charcot who inspired Freud's interest in hysteria, who from it developed psychoanalysis.



FIG. 39 Portrait of Valentine Greatraks healing, prefixed to *A brief account of Mr. Valentine Greatrak's . . . strange cures*, 1666 and also sold separately.

A vertuous Lady, sometime my Patient, came to Town, on purpose to implore his help . . . though he had been at hard labour most part of the day, and had sufficient cause (as the Bystanders said) to be throughly wearied, he bestowed a full half hour on this infirm Lady, gently rubbing her head, neck, arms and back, her benummed leg and foot, as I had before directed him, the Ladies woman and another assisting to put off her Cloaths and to put them on; which when he had done, he ingeniously told me and the Gentleman that attended the Lady, that he conceived himself unable to do her any considerable good, Dead Palsies on the left side seldome giving place to, or being helped by the application of his hands; but if she pleased to come to him he would freely afford her his pains, which he did once or twice afterwards, to the great and only satisfaction of her mind, the success, as to her body, hitherto complying with his prediction . . .

Joseph Warden, a stout Seaman belonging to the Royal Charles . . . was sent on Crutches (as you may remember) from St. Bartholomews Hospital to Mr. Greatrak's then in Chancery-lane, and complained not so much of his pains, though those he affirmed to be very grievous in his hip, thigh, ham and ankle, as that he (who had been in all former engagements against the Dutch) should now be disabled (if I may use his own words) to have the other warm Bout with them: upon which I need not tell you (being there present) with what alacrity and heartiness Mr. Greatrak's stroked him, I think, thrice over from his hip downwards, until his pains were driven out at his toes ends, and the man walkt lustily to and fro in the Garden, professing his apprehensions of being able to do so for 10 miles, and carried those Crutches one while in his hand, another while triumphingly upon his shoulders, which had been his supporters thither. I might add hereunto some Soldiers names, who came from the Tower, and out of the Guards, as well as the Gunner Benjamin Huskins, and Ship-Carpenters and others, who for lameness, deafness, and other infirmities, have received benefit by his hand. Robert Furnace the noted Tinker of Clerkenwel, his Cure is talked of all over the Town: the Crutches on which he came to Mr. Greatrak's (and he had not been able to walk without Crutches for 8 years last past) he brought in his hand and presented to me, after he had been strok'd three or four times, and found himself thereby enabled to walk without them. I may not here omit to acquaint you, that the Honourable Mr. Boyle being sometime present when this poor man was under Mr. Greatrak's hands, by the application whereof his pains being dislodged out of his hip and driven downwards to his knee, that noble person descended to stroke the Tinkers knee, leg and foot with the inside of Mr. Greatrak's glove, and so proceeded to pursue his pains from place to place until they fled quite out at the ends of his Toes . . .

Anne Rose a Widow in the Minories, troubled with a headach for twenty years so grievous, for the most part, by her relation, as no tongue was able to express it, whereby her life was become a burthen to her; upon Mr. Greatrak's his laying his hand on her head, and gently rubbing it, the pains removed thence into her breast and stomack, and made her wondrous faint and sick; but those parts being stroked, she was immediately put into a tedious fit of belching, which continued the space of an hour or upwards, and that being over, she expressed her self to find more ease than she had done of 20 years before, and that she was then void of all pain, to her unspeakable joy and comfort. It would be endless to reckon up what I have seen in this kind, and hold it more adviseable to break off here, than to proceed in giving you a further trouble . . .

I had the honour to be present at the experiment made by the Right Honourable the Lord Viscount Falconbridge, upon John Jacomb of George-Alley in Southwark, whose exquisite and continual pains, by the gentle touch and easie friction of Mr. Greatrak's hand, were allured out of his arm and shoulder to the extreme joints and ends of his fingers, which became thereby (as the man affirmed) devoid of sense, benummed and deaded: Whereupon his Lordship thrust a pin of about an inch long almost to the head, into one of his fingers, his eyes first close covered, without the least sign of the mans perception, or any blood appearing when the pin was pulled out: he then thrust it into another finger, as deep as the first, and askt the man if he felt nothing, who made answer, that he could not tell; but after a little pause, said he thought he did; whereat my Lord admiring, pulled it out again, and Mr Greatrak's slightly stroked the mans fingers twice or thrice, who continued hoodwinkt; afterwards the pins point only touching one of his fingers ends, he smartly cryed out, Oh you prick me, & blood immediately issued out of those places into which the pin had been thrust: The man professed himself freed of all pain, and may be presumed to have continued so, for as much as he was bidden by Mr. Greatrak's to come again if he felt the least grudging, with promise of easie access to him, and assurance of help and ease; but hath never appeared since.

JOHN SMITH (1630–1679)

MD Oxon, FRCP, physician of London

King Solomons portraiture of old age. Wherein is contained a sacred anatomy both of soul and body. And a perfect account of the infirmities of age, incident to them both, 1666 *London, Thomson* pp. 153-6

This extract from an early work on geriatrics describes well the mental and emotional handicaps of old age, or presbyophrenia.

DISTRESS OF MIND IN OLD AGE

Distress of the mind, which ariseth from the apprehension of some approaching evil, that is either destructive or burdensome to our nature, and not easily resistible by our strength, is the passion that is most incident to Age. True it is, that anger and vexation, grief and sadness, and such like, as have for their object some present evil, and border hard upon this we are speaking of; may in some measure be found in Age; yet the true and proper, the most notorious trouble of the mind, is that dumpish, melancholy, destructive passion of fear; which together with all its attendants and necessary consequences, such as suspition, jealousies, superstition, dislike, inconstancy, betraying the succours of reason, are too familiarly observed in the best of men that are crooked with age; And by how much the more man declines, by so much the more do these superfluities encrease, like Misletoe, and some other Excrescencies of trees, that flourish not, till the stock decay from which they spring. And the reason of it is, because the true Causes of this affection (namely, misapprehensions of the things feared, and inability to resist them) are encreased together with age, and therefore must needs produce their answerable effects. The first of these Causes, proceeds from the weakness of the Imagination; the other, from the lowness of the spirits, and the imbecility of the outward Organs: The first, makes the Cause of fear to seem the greater; the other, to take the deeper impression. Imagination puts a double fallacy upon ancient men; first, it makes them undervalue themselves, and minorate their own abilities; and then it makes them overvalue the objects of fear, and make them far greater than they are; like some Perspective glasses, that at both ends misrepresent the things seen, yet with a contrary appearance, at the one end making them appear lesser, and at a farther distance; and at the other end, greater, and nearer than they ought . . .

Nor is it thus onely with the Spirits, but the Organical parts also of the Body, are in this state made unfit for their Functions, and altogether unserviceable to resist the very appearance of danger; and stand (as I may so say) ready prepared for the entertainment of fear; The great consequences whereof, such as whiteness and stiffness of the hair, trembling of the joynts and heart, impotency of speech, failing of the eyes, and astonishment, paleness of the face, horrour, gnashing of the Teeth, involuntary Emission of Excrements, are very easily produced in this condition; nay, they are most of them already there to be found, without an object to effect them; therefore no wonder if those things which are without peril to the strong Man, prove feareful to the decrepit.

TREATMENT BY BLOOD TRANSFUSION

1. *The history of the Royal Society of London . . . In which the most considerable of those papers communicated to the Society, which have hitherto not been published, are inserted . . . as a supplement to the Philosophical Transactions. By Thomas Birch, D. D. Secretary to the Royal Society*, 1756 *London, Millar* Vol. 2, pp. 202, 204

2. Samuel Pepys (1633-1703) MA Cantab., Fellow and President of the Royal Society; Secretary to the Admiralty; diarist
Diary, edited by H. B. Wheatley *London, Bell*, 1900 Vol. 7, pp. 207-8, 218

3. Richard Lower (1631-1691) MD Oxon, FRCP, FRS, physician and physiologist
Tractatus de corde, 1669. Translated by K. J. Franklin in: *Early science in Oxford*, edited by R. T. Gunther, 1932 *Oxford, for the subscribers* Vol. 9, pp. 171, 188-92

The chronic insane have apparently always been regarded as a lost cause and therefore proper objects for experiments, especially if these could be dressed up as therapeutic, in a manner which would not be tolerated on or by any other group of patients. When in 1667 a technique for transfusing blood from animal to animal had been developed it seemed obvious to choose a lunatic for the first attempt to transfuse animal blood into man. A sketch of this historic event is here pieced together from three contemporary sources. After waiting six months for 'good opportunities, and the removal of some considerations of a Moral nature' the 'Experiment of Transfusion' of sheep's blood into man 'was perform'd, November, 23. 1667. upon one Mr. Arthur Coga, at Arundel-House, in the presence of many considerable and intelligent persons, by the management of those two Learned Physitians and dextrous Anatomists Dr. Richard Lower, and Dr. Edmund King' (*Philosophical Transactions*, 1667, vol. 2, p. 557). A similar experiment also on a madman but who died in consequence had been conducted earlier the same year in Paris by Dr Jean Denis. The newly appointed physician to Bethlem Hospital Thomas Allen (?-1684), MD Cantab., FRCP, FRS (physician also to Charles II) deserves honourable mention for protecting his patients from these experiments, although Drs Lower and King also protested they 'had practised it long agoe . . . if they had not been so tender in hazarding the Life of Man (which they take so much pains for to preserve and relieve)' (*ibid.*, p. 522).

1. *24 October*

The method of transfusing blood into a man, as it was contrived by Dr. *King* was read, and ordered to be registered. It being moved, that the experiment might be made accordingly, as it had been done already in foreign parts, Sir *George Ent* suggested, that he thought it most advisable to try it upon some mad person in the hospital of Bethlem. This being seconded by divers other physicians of the society, Dr. *Lower*, Dr. *King*, Mr. *Thomas Coxe*, and Mr. *Hooke* were desired to speak with *Dr. Allen*, physician to Bethlem, about the execution of this trial, and to let him know the opinion declared in the society concerning it; which they undertook to do.

31 October

A report being made of Dr. *Allen's* scrupling to try the experiment of transfusion upon any of the mad people in Bethlem-hospital, it was ordered, that he should be desired by Mr. *Hooke* to give a meeting at Sir *George Ent's* house on the Monday following to some of the physicians of the society, as Sir *Theodore de Vaux*, Dr. *Clarke*, Dr. *Lower*, Dr. *Balle*, and Dr. *King*, to consider together, how this experiment might be most conveniently and safely tried.

2. *21 November*

From this to other discourses, and very good: among the rest, of a man that is a little frantic, that hath been a kind of minister (Dr. Wilkins saying that he hath read for him in his church), that is poor and a debauched man, that the College have hired for 20*s.* to have some sort of the blood of a sheep let into his body; and it is to be done on Saturday next. They purpose to let in about twelve ounces; which, they compute, is what will be let in in a minute's time by a watch. They differ in the opinion they have of the effects of it: some think it may have a good effect upon him as a frantic man by cooling his blood, others that it will not have any effect at all. But the man is a healthy man, and will be able to give an account what alterations, if any, he do find in himself, and so may be useful.

30 November

To Arundel House . . . here was good company . . . But here, above all, I was pleased to see the person who had his blood taken out. He speaks well, and did this day give the Society a relation thereof in Latin, saying that he finds himself much better since, and as a new man, but he is cracked a little in his head, though he speaks very reasonably, and very well. He had but 20*s.* for his suffering it, and is to have the same again tried upon him: the first sound man that ever had it tried on him in England, and but one that we hear of in France.

3.

Transfusion was . . . first performed by me at the end of February 1665[/6] . . . I have no doubt that this discovery . . . will be employed with great profit for the human race, if it is practised with due consideration and care. For there is no reason to think that the blood of other animals mixes less well with human blood than with animal blood. This view is abundantly confirmed by recent experiments of French workers, and I also found it so not very long ago in the case of a certain A[rthur] C[oga], who was the subject of a harmless form of insanity. I superintended the introduction into his arm at various times of some ounces of sheep's blood at a meeting of the Royal Society, and that without any inconvenience to him. In order to make further experiments on him with some profit also to himself, I had decided to repeat the treatment several times in an effort to improve his mental condition; he, on the other hand, consulted his instinct rather than the interests of his health, and completely eluded our expectations.

Every one, however, is not equally qualified to receive the blood of others, and no treatment is so useful that its rash and unsuitable administration does not easily bring it into disrepute. I think, therefore, that it will be worth while for me to intimate briefly, in a few words only, the sort of cases and the condition of health most suitable for the employment of transfusion . . . in arthritic patients and lunatics, whose bodies are strong and viscera firm, the composition of whose brains is not yet spoilt, and whose blood is affected by no putrid disease, perhaps as much benefit is to be expected from the infusion of fresh blood as from withdrawal of the old.

Therefore, that the practice of this very celebrated experiment may be established by the greater Faith men have in it and by greater acquaintance with its performance, and that its usefulness may become known; I have thought the subject worthy of recommendation to the care of all doctors and to the whole world, when ever an opportunity occurs of trying it. Meanwhile, let it at least be attributed to the felicity of our Nation, or even to its praise, that, while Harvey first taught that the blood by its Circulation within its own vessels ensures life to the body, we also first revealed that it could be transferred outside the confine of its own body for the health of a second.

THOMAS WILLIS (1621–1675)

MD Oxon, FRCP, FRS, physician of Oxford and London; Sedleian professor of natural philosophy, Oxford University

1. *Pathologiæ cerebri, et nervosi generis specimen. In quo agitur de morbis convulsivis*, 1667 Translated as *An essay of the pathology of the brain and nervous stock: in which convulsive diseases are treated of . . . by S. P*[*ordage*]. In: *The remaining medical works of that famous and renowned physician Dr. Thomas Willis London, Dring* et al., 1681 pp. 76-8

2. *De anima brutorum . . . exercitationes duæ. Prior physiologica . . . altera pathologica*, 1672 Translated as *Two discourses concerning the soul of brutes . . . The first is physiological . . . The other is pathological . . .* by *S. Pordage, Student in Physick London, Dring* et al., 1683 pp. 188, 192-4, 201, 206-8

Willis, one of the great figures of seventeenth century medicine, made extensive studies in neuroanatomy and neurophysiology by dissection and experiment so that he was styled 'the first inventor of the nervous system' (Freind, 1727). His classic *Cerebri anatome*, 1664 for which Richard Lower made model dissections and Sir Christopher Wren drew plates, advanced knowledge of the brain far more than is conveyed by the eponym 'circle of Willis' for the arterial anastomoses at the base of the brain described in it. He also attempted to localise nervous diseases by correlating clinical signs with postmortem examination of the brain. These achievements made him the founder of 'Neurologie' a term of his own coining which in the later nineteenth century was applied to the specialty built up on the knowledge accumulated by the approaches he pioneered. He also turned his attention to 'Psycheology', the study of the 'Nature and essence . . . parts, powers, and affections' of the 'Corporeal Soul' or mind (as 'Psychologia' this term had been used since the end of the sixteenth century in theological works on the soul).

In the course of his work Willis made a number of contributions to psychiatry proper. First, he convincingly vindicated the uterus and the humours from causing hysteria, which incidentally he likened to hypochondriasis in men. Instead he placed its pathology squarely in 'the Brain and Nervous Stock', so that today the sufferer from 'nerves' is indebted to Willis for having given his troubles a habitation and a name. He considered the important feature of hysteria the 'fit' or episodic disturbance of sensation, motion and consciousness short only of 'universal Convulsions' or epileptic *grand mal*, and accordingly

classified it under 'Convulsive Diseases'. Today however many of the symptoms he called 'hysterical' are recognised as belonging to the epilepsies as those arising in abnormalities of the temporal lobes. Yet by Willis's great authority fits continued for more than another 200 years to be considered the essential feature of hysteria and it remained linked with epilepsy as in Charcot's hybrid 'hystero-epilepsy'. Even today many textbooks give hysteria as the main differential diagnosis of fits.

Secondly, Willis gave one of the most extensive accounts of the whole field of mental illness which had appeared up to that time. He attributed 'melancholy' or affective psychosis to 'passions of the heart'; and 'madness' or psychosis accompanied by thought disorder, delusions or hallucinations – that is schizophrenia – to 'vice or fault of the Brain'. He recognised the difference between the symptoms of gross brain disease and those of mental illness in which he accounted for the absence of pathological findings by postulating a disturbance of the brain and nerves in terms of disordered 'Animal Spirits'. For this reason he is often credited with having first equated mind disease with brain disease.

Derived from *anima*, the soul, the animal spirits were thought to be distilled from the blood in the brain as in a gland, their circulation accounting for nervous action. In advance of his contemporaries who thought of an actual fluid flowing to and from the brain in hollow tubes, Willis realised that nerves were solid and the spirits merely conducting agents. Intermediaries between

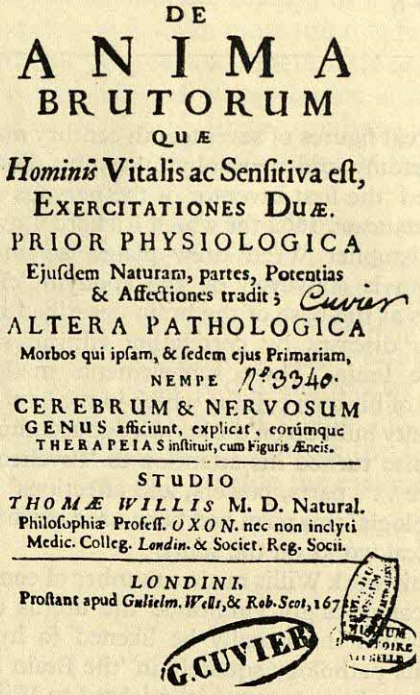

DE
ANIMA
BRUTORUM
QUÆ
Hominis Vitalis ac Senſitiva eſt,
EXERCITATIONES DUÆ.
PRIOR PHYSIOLOGICA
Ejuſdem Naturam, partes, Potentias
& Affectiones tradit;
ALTERA PATHOLOGICA
Morbos qui ipſam, & ſedem ejus Primariam,
NEMPE
CEREBRUM & NERVOSUM
GENUS afficiunt, explicat, eorúmque
THERAPEIAS inſtituit, cum Figuris Æneis.
STUDIO
THOMÆ WILLIS M. D. Natural.
Philoſophiæ Profeſſ. *OXON.* nec non inclyti
Medic. Colleg. *Londin.* & Societ. Reg. Socii.
LONDINI,
Proſtant apud *Gulielm. Wells*, & *Rob. Scot*, 167
G.CUVIER

FIG. 40 Title-page of the first edition (Latin) of Thomas Willis's *Two discourses concerning the soul of brutes which is that of the vital and sensitive of man*, 1672.

mind and body, he assumed their action could be disordered by either. Hence his treatment of mental illness was partly through the mind and partly physical. Low spirited, depressed or melancholic patients needed stimulating and invigorating; high spirited, obstreperous cases of 'raving madness' lowering, depleting and repressing treatments. These principles were of course nothing new but the poles between which psychiatric therapeutics have moved since the inception of the 'humours', based on the naive idea of 'too much or too little'. This traditional view survived although couched in many 'new' terms as time went by. As the theory of tension and relaxation in the nervous system it reached its acme in the eighteenth century in the Brunonian system of 'asthenic' and 'sthenic' states and in the nineteenth century in Francis Willis's (1823) 'low and high' states with corresponding treatments by stimulation or sedation and in our own time by pep-pills or tranquillizers.

Thirdly, Willis described patients with dementia in association with paralysis and tremor with fatal termination, which possibly represent the first cases of general paralysis of the insane, a disease not established as a clinico-pathological entity until the third decade of the nineteenth century. It is perhaps pertinent that Willis also noted the beneficial effect of mercury by inunction in some cases of what he called 'Palsie . . . not very fixed' which of course became part of the standard treatment of syphilitic brain disease.

HYSTERIA AND THE NERVOUS STOCK

The hysterical passion is of so ill fame, among the Diseases belonging to women, that like one half damn'd, it bears the faults of many other Distempers: For when at any time, a sickness happens in a womans body, of an unusual manner, or more occult original, so that its Cause lyes hid, and the Curatory Indication is altogether uncertain, presently we accuse the evill influence of the womb, (which for the most part is innocent) and in every unusual Symptom, we declare it to be something hysterical, and so to this Scope, which oftentimes is only the subterfuge of Ignorance, and medical Intentions, and use of Remedies are directed.

The Passions, which are wont to be referred to this cense or order, are found to be various and manifold; which rarely happen in diverse women, or which come wholly after the same manner: The most Common, and which commonly are said to constitute the formal Reason of the hysterical distemper, are these, viz. A motion in the bottom of the belly, and an ascention of the same, as it were a certain round thing, then a belching, or a striving to vomit, a distention, and murmur of the hyponchondria, with a breaking forth of blasts of winde, an unequall breathing, and very much hindred, a choaking in the throat, a vertigo, an inversion, or rolling about of the eyes, oftentimes laughing, or weeping, absurd talking, sometimes want of speech, and motionless, with an obscure or no pulse, and deadish aspect, sometimes Convulsive motions, in the face and Limbs, and sometimes in the whole body, are excited: But universal Convulsions rarely happen, and not unless this disease be in the very worst state: Because, for the most part, the Tragedy of the Fit is acted without Contraction of

the members, only in the inferior belly, Thorax, and head, to wit, in some of them, or successively in all: women of every age, and Condition, are obnoxious to these kinde of Distempers, to wit, Rich and poor, Virgins, wives, and widdows: I have observed those Symptoms in maids before ripe age, also in old women after their flowers have left them; yea, sometimes the same kinde of Passions infest men, as plainly appeared by the example already shewed.

As to the causes of those symptoms, most ancient, and indeed Modern Physitians, refer them to the ascent of the womb, and vapours elevated from it: The former opinion, although it plead antiquity, seems the less probable, for that the body of the womb is of so small bulk, in virgins, and widdows, and is so strictly tyed by the neighbouring parts round about, that it cannot of it self be moved, or ascend from its place, nor could its motion be felt, if there were any: as to that vulgar opinion, or Reason taken from the vapours, we have often rejected it as wholly vain, and light, for just reasons elsewhere . . .

We are at length perswaded . . . that the distemper named from the womb, is chiefly and primarily convulsive, and chiefly depends on the brain and the nervous stock being affected, and whatever inordination, or irregularity from thence happens . . . is only secondary . . . Having weighed these, and other Reasons, we doubt not to assert, the Passions commonly called Hysterical, to arise most often, from that the animal spirits, possessing the beginning of the Nerves within the head, are infected with some taint.

OF MELANCHOLY

Melancholy . . . is a complicated Distemper of the Brain and Heart: For as Melancholick people talk idly, it proceeds from the vice or fault of the Brain, and the inordination of the Animal Spirits dwelling in it; but as they become very sad and fearful, this is deservedly attributed to the Passion of the Heart. But we cannot here yield to what some Physicians affirm, that Melancholy doth arise from a Melancholick humor . . . This Distemper suddenly excited, from a solitary evident cause, as a vehement Passion, is far safer than by leasure invading, after a long Procatarxis or foregoing cause . . . Melancholy being a long time pretracted, passes oftentimes into Stupidity, or Foolishness, and sometimes also into Madness . . . Further, there is scarce any better thing to be expected from them, who lying sick with only imaginary Diseases, take all Remedies, and require still more, and of diverse kinds, to be given them . . . the Evident Cause of this Disease, if any noted thing went before, should be inquired into; and if it may be, either presently removed, or else its removal to be in some sort feigned. Further, the affections of the mind being vehement, and stirred up from thence, are either to be appeased, or subdued by others opposite . . .

Therefore, for the healing of the Spirits, first of all it is to be procured that the Soul should be withdrawn from all troublesome and restraining passion, *viz.* from mad Love, Jealousie, Sorrow, Pity, Hatred, Fear, and the like, and composed to chearfulness or joy: pleasant talk, or jesting, Singing, Musick, Pictures, Dancing, Hunting, Fishing and other pleasant Exercises are to be used. They who are not for Sports or Pleasures (for to some Melancholicks they are always ingrateful) are to be roused up by imploying them in more light business; sometimes Mathematical or Chymical Studies, also Travelling, do very much help; moreover, it is often expedient to change the places of habitation, in their native soil. Those who will still stay at home, are to be warned, that they take care of their Houshold affairs . . . if the sick be seduced with phantastical illusions, and imagine some prodigious things of themselves, and firmly believe them; their mind is to be drawn from them, by artificial inventions; very many causes and examples of this sort of Cure are to be found in Books, and a discreet Physician may institute the like as occasion serves.

OF MADNESS

After Melancholy, Madness is next to be treated of, both which are so much akin, that these Distempers often change, and pass from one into the other . . . And indeed, if in Melancholy the Brain and Animal Spirits are said to be darkned with fume, and a thick obscurity; In Madness, they seem to be all as it were of an open burning or flame . . . three things are almost common to all: *viz.* First, That their Phantasies or Imaginations are perpetually busied with a storm of impetuous thoughts . . . Secondly, That their Notions or conceptions are either incongruous, or represented to them under a false or erroneous image. Thirdly, To their Delirium is most often joyned Audaciousness and Fury.

The Curatory Indication

The first Indication, *viz.* Curatory, requires threatnings, bonds, or strokes, as well as Physick. For the Mad-man being placed in a House for the business, must be so handled both by the Physician, and also by the Servants that are prudent, that he may be in some manner kept in, either by warnings, chiding, or punishments inflicted on him, to his duty, or his behaviour, or manners. And indeed for the curing of Mad people, there is nothing more effectual or necessary than their reverence or standing in awe of such as they think their Tormentors. For by this means, the Corporeal Soul being in some measure depressed and restrained, is compell'd to remit its pride and fierceness; and so afterwards by degrees grows more mild, and returns in order: Wherefore, Furious Mad-men are sooner, and more certainly cured by punishments, and hard usage, in a strait room, than by Physick or Medicines.

But yet a course of Physick ought to be instituted besides, which may

suppress or cast down Elation of the Corporeal Soul. Wherefore in this Disease, Bloodletting, Vomits, or very strong Purges, and boldly and rashly given, are most often convenient; which indeed appears manifest, because Empiricks only with this kind of Physick, together with a more severe government and discipline do not seldom most happily cure Mad folks . . . Further there are to be used Specifick Remedies, so called, of which is famous, a Decoction of Pimpernel with the purple flower, also the tops of Hyperican or St. Johns-Wort, and other Decoctions, Opiates, and Powders of Antilyssi are frequently noted among all the famous Empericks . . . Moreover, from Chirurgical Remedies, besides, opening a Vein, many other helps are wont to be had for the curing of this Disease. Cupping-glasses with Scarification, often help. Blisterings, Cauteries both actual and potential are praised of many. Others commend cutting an Artery, others Trepaning, or opening the Skull, others Salivation . . .

The vital Indication institutes how mad people ought to be handled, concerning their government, dyet, and sleep. In this Disease there is no need of keeping up the flesh, as in most other Diseases: For the spirits ought not to be refreshed with Cordials, nor strength to be restored with Medicines; but on the contrary, both being too raging of themselves, things are to be administer'd as it were for the suppression or extinction of a flame raging above measure. Therefore let the diet be slender and not delicate, their cloathing course, their beds hard, and their handling severe and rigid. But sleep, for that it is very necessary, ought to be caused sometimes by Anodynes; for which end, Hypnotick Remedies or Medicines above prescribed for Melancholy, are also convenient in this Disease. In inveterate and habitual Madness, the sick seldom submit to any Medical Cure; but such being placed in Bedlam, or an Hospital for Mad people, by the ordinary discipline of the place, either at length return to themselves, or else they are kept from doing hurt, either to themselves or to others . . . Thus much concerning the cure of continual Madness. The intermitting, either has perfect lucid intervals, in which the Sick return to themselves, or the fury only ceases, the Delirium being still left, insomuch that the distemper'd become gentle and tractable, yet still they continue amiss, as to their imagination and judgment, and speak and do many absurd or incongruous things, and afterwards sometimes again become furious.

WALTER CHARLETON (1619–1707)

MD Oxon, Fellow and three times President of the College of Physicians, FRS; physician to Charles I and II

Two discourses. I. Concerning the different wits of men: II. Of the mysterie of vintners, 1669 *London, Whitwood* pp. 40-6

In Charleton's time it had been established by physicians 'conversant about diseases of the Head' that the brain was the organ of mind, but comparative anatomy had at the same time shown 'that the Fabrick of Mans Brain is not in the least different from that of the Brains of Brutes'. These findings seemed to Charleton contradictory because they could not account anatomically for 'the different Wits of Men' nor for 'in what part of the Brain that Cœlestial Guest, the reasonable *Soul*, keeps her Court of Judicature' and which distinguished 'Man' from 'Brutes'. Sir Thomas Browne encountered the same difficulty: 'In our study of anatomy there is a mass of mysterious philosophy, and such as reduced the very heathen to divinity; yet, amongst all those rare . . . and curious pieces I find in the fabrick of man I do not so much content myself, as in that that I find not, – that is, no organ or instrument for the rational soul; for in the brain, which we term the seat of reason, there is not any thing of moment more than I can discover in the crany of a beast: and this is a sensible and no inconsiderable argument of the inorganity of the soul . . . Thus . . . there is something in us that can be without us, and will be after us, though it is strange that it hath no history what it was before us, nor cannot tell how it entered in us' (*Religio medici*, 1642. In: *Sir Thomas Browne's works*, 1835, edited by Simon Wilkin, Vol. 2, pp. 53-4).

Charleton foresaw that the answer to these problems would eventually come from future research 'to find out the true uses of all the several parts of the Brain' and 'what she [the Soul] made use of in her several Functions' – a pointer to Gall's great discovery almost a century and a half later that the cortex is the seat of the higher mental and moral faculties and that the gradual growth of its surface area through the animal kingdom is what made man different from 'Brutes' and accounted for his superior intellectual endowment. Study 'of her several Functions' led in the nineteenth century from the discovery first of the speech centre to the science of cerebral localisation in the twentieth. Charleton considered further the relation between the '*two* distinct *Souls*' which are in 'every individual Man', the one '*Rational*, by which he is made a Reasonable creature; the other, *Sensitive* [or 'Vital'], by virtue whereof he participateth also of Life and Sense . . . which being also Animal or Sensitive, is common likewise to Brutes'. The first 'the *Spirit*' was immortal and unique to man and the link between them the '*Passions*' or '*Affections*' on which 'all the Good and Evil of this life' depend. As evidence 'I need no other document than

my own dearly bought Experience' – a reference to his own tendency to melancholy. He elaborated this in *Natural history of the passions*, 1674 (a book often confused with *The use of passions*, 1649 by J. F. Senault, a theological work of which it has erroneously been considered a translation) and in *Enquiries into human nature, in VI anatomic prælections*, 1680 made because like 'the diseases of the *Body*, so likewise those of the *Mind* may be more easily cured, when their nature and causes are understood'.

The 'Rational soul' before its earthly habitat in the grey matter of the brain was discovered, as it had no ascertainable seat within (Descartes' pineal gland notwithstanding) could only be conceived of as immaterial and entering the body from without and was accordingly equated with immortal 'spirit' – an argument so stringent that it 'reduced the very heathen to divinity'. Not unnaturally those later scientists who made inroads into this theological psycho-physiology – like Gall who established the dependence of mental function on brain structure, Darwin who allotted man his place in the evolutionary scale, and Freud who investigated the development of man's mind as a natural process, one and all invited the reproach that their views were materialistic, subversive of morals and social order, and they themselves atheists.

LOCALISATION OF THE WITS OF MEN

Though it be sufficiently evident, especially to *Physicians* conversant about diseases of the Head, that the Seat and principal Organ of the *Intellectual Faculties* is the *Brain*; and that they are more or less perfect in their Operations, according to the divers temperament, magnitude, figure and schematism of that noblest Organ; and to the greater or less Mobility of the *Animal spirits* (if any such there be) contained and exercised therein: though thus much (I say) be sufficiently manifest, yet what temperament, what magnitude, figure and Schematisme of the Brain produceth *Acuteness* of Wit, and what causeth *Dulness*, is hitherto unknown. Nor have *Anatomists*, even in this dissecting and most curious Age, been yet able certainly to inform themselves, in what part of the Brain that Cœlestial Guest, the reasonable *Soul*, keeps her Court of Judicature; what part she makes use of in Sensation, what in Imagination, what for Memory, or what for Ratiocination. Vesalius (I remember) the Prince of Anatomists in the last Age, expresly, nor without derision of those who believed and taught the contrary, affirms, that the Fabrick of Mans Brain is not in the least different from that of the Brains of Brutes. The Text is remarkable, the great Authority of the Man considered; and therefore I will here transcribe it. (*de Corpor. Human. fabric. lib.* 7. *cap.* 1.)

I am unable to understand how the brain can perform its office of imagining, meditating, thinking, and remembering, or, following various doctrines, however you may wish to divide or enumerate the powers of the Reigning Soul. If by accurate and painstaking examination of the parts of the brain, and from an observation of the other parts of the body, the use of which is obvious even to one little practised in dis-

section, some analogy were traceable, I would set it out. But what impiety can such a description of the uses of the ventricles (as it concerns the powers of the Reigning Soul) produce in ignorant minds! For such [ignorant ones] will examine carefully the brains of quadrupeds. These resemble those of men in all their parts. Should we on that account ascribe to these [beasts] every power of reason, and even a rational soul, on the basis of such doctrines of the theologians ? Certainly in the brain of sheep, goat, ox, cat, ape, dog, and of such birds as I have dissected, there is a shaping of the parts corresponding to that of the human brain, and specifically is this so of the ventricles. There is hardly any difference that we have detected except in bulk.

To this You'l answer perhaps, that such indeed was the judgment of Vesalius; but You are not obliged to acquiesce therein, because You have lately not only read a certain Book, *de Proprietatibus Cerebri Humani*, wherein the Author [Thomas Willis] observes many considerable *Differences* betwixt the Humane Brain, and those of all other Animals; but also with Your own eyes beheld those Differences demonstrated by the same Author, in some Dissections for that end made by him at the command of the Royal Society: and that therefore You hope, if *Anatomists* proceed in their discoveries, with the same accurate scrutiny, and the like happy success, as of late Years they have done; some one of them may at length be so fortunate, as to find out the true uses of all the several parts of the Brain of Man, and so solve all the difficulties that now amuse those, who profoundly consider the wonderful Oeconomy thereof.

I reply, therefore; that granting Vesalius to have been much mistaken in that his Opinion concerning the Brain; and that there really are those Differences betwixt Man and all other Animals, which the Book you mention declares: Yet (Sir) what I have here said concerning the abstrusity of the Nature, immediate Instruments, and wayes of operation of the Intellectual Faculties, is nevertheless too true. For, you cannot but remember, that even the Author of that Treatise himself doth in the end of it ingenuously confess, that notwithstanding his frequent observation of those Differences, he was still as ignorant of the principal seat of the Soul, and what parts she made use of in her several Functions, as before he first entred into the Anatomick Theatre.

GIDEON HARVEY (?1637–1700)

MD Leyden, Fellow of the College of Physicians at the Hague, physician to Charles II and to the Tower of London

Morbus anglicus, or a theoretick and practical discourse of consumptions, and hypochondriack melancholy, [1672] *London, Thackeray* pp. 29-30, 52-61

Harvey's list of differential diagnoses of wasting accompanied by low spirits and indigestion excerpted here shows how handicapped seventeenth century doctors were by their lack of morbid anatomy. In consequence there was little incentive for, or interest in examining patients and the diagnosis was made largely on the patient's history until the science of physical signs developed *pari passu* with organ pathology in the later eighteenth and nineteenth centuries. Such diagnostic terms as survived lost their general meaning and became narrowed to more specific conditions. 'Hypochondriack' for instance was formerly used literally for any trouble 'below the ribs' as a regional diagnosis of abdominal and particularly dyspeptic symptoms; 'Melancholy', originally synonymous with madness and later with partial madness became gradually limited to any condition marked by depression of spirits and lassitude; and 'Consumption' was a generic term for wasting diseases. 'Tabes dorsalis' also called 'Spermatic Consumption' by Maynwaring (1664) retained for another two centuries its ancient sense of wasting and weakening of the back due to 'an immoderate evacuation' of semen until it became limited to syphilitic degeneration of the posterior columns of the spinal cord in the later nineteenth century (even then its etiology continued to be ascribed to spermatorrhoea and sexual excess before its specific origin was established). It throws an interesting light on the attitude of Harvey's fellow practitioners that even at this comparatively late date when the Royal Society and the sciences were flourishing he had to deny the 'Reality of bewitcht Consumptions'.

MORBUS ANGLICUS

Of all diseases, none is experienced to exercise the imagination more frequently, with apprehensions of a Consumption, than Hypochondriack Melancholy, and those generally proving so obstinate, that it's no rare thing to observe Hypochondriacks to be posted into Consumptions by force of the imagination. Several patients have applied themselves to me, whose ayle I could determine no other than Hypochondriack Melancholy, nevertheless have in few dayes by those impetuous phancies, reduced their bodies from an indifferent corpulency, to an extream leanness, and had a rectification of their conceptions been omitted, would doubtless have precipitated themselves into Hecticks . . .

The scurvy is also discovered an Hypochondriack disease by its attendance with spittings, belchings, winds, gripes in the guts, glowing heats, &c. in short melancholy Hypochondriack and the scurvy are sisters, their difference only depending upon the proportion of their causes . . .

An Amorous Consumption implies a rapid extenuation occasioned through love, whose passions, affrights, fear, anger, jealousie and despair do so extreamly disperse and consume the vital and animal spirits, that we see its ordinary for young Wenches to be reduced to faintings, swoonings, and extream weakness, to the admiration of their parents, whence such subitous and effroyable accidents should source . . . Likewise Grief and study do also by continuation degenerate into Melancholy Hypochondriack, which afterwards is in manner a foresaid succeeded by a Consumption . . . An Apostematick Consumption generally oweth its production to an Apostem breaking within the body, whose purulent fumes crowding into the Arteries and Veins, corrupt and affect the blood with a malign quality . . . Of a Pockie-Consumption I shall say little, having discoursed of it in a tract of a Hecktick pox . . . added to . . . my *little Venus.*

The Reality of bewitcht Consumptions is asserted by many, and particularly instanced in a Tabefied disease of one of the Kings of Scotland, being cured by decharming the witch craft in Danemarck; likewise in some others, namely Women and Children surprised with convulsions, jactitations, Marcors, and other strange Symptoms. As to this particular my opinion imports, that the Creator after the confirmation of the whole truth of his word by miracles and supernatural effect's, did establish the sequel of all future actions of bodies on an immutable order of nature, whose operations should for the future continue uniform, and free from those deviations, alterations, and disturbances of supernatural agents, whether good as Angels, or evil as devils and witches, especially since now the end of the creator being answered those supernatural productions would necessarily prove frustraneous, which is an absurdity not to be imagined in God or Nature; wherefore we must rather attribute the cure of the formentioned Kings disease to the good address of his Physicians; As for those direful symptoms in Women, they must be derived from Uterin fits, and those in Children for the most part from worms.

A Consumption of the back, by Hippocrates called a *Tabes Dorsalis*, implyes a gradual diminution of the strength of the back, with an universal extenuation of the body, arriving through an immoderate evacuation, or preternatural profluxe of sperm, or Running of the Reins vulgarly so called. The symptoms of the sperm appear dangerous, whether abounding or too much deplenisht, the former causing a spermatick delirious feavor; the latter by depauperating the body of its purest arterial blood, and depredating of it from the brain and the marrow of the back, both they and all parts on them depending must needs be excessively debilitated through want of arterial blood to engender animal and locomotive spirits.

JOHN ARCHER

OF MELANCHOLLY AND DISTRACTION, 1673

Every MAN his own DOCTOR,
Compleated with an

HERBAL:

SHEWING,

First, How every one may know his own Constitution and Complexion, by certain Signs.

ALSO

The Nature and Faculties of all Food; as well Meats as Drinks, whereby every Man and Woman may understand what is good or hurtful to them.

Treating also of Air, Passions of Mind, Exercise of Body, Sleep, The Use of Tobacco, a new hot Bath;

VENERY, with an Infallible Secret to prevent the

POX

Of the SENSES, proving Six in number. His *ELIXIR PROPRIETATIS*, and its Use.

The Second Part shews the full Knowledg and Cure of the Pox, *Running of the Reins, Gout, Dropsie, Scurvy, Consumptions* and *Obstructions: Agues.* shewing their Causes and Signs, Danger and Cure.

The Second Edition, with Additions. viz.

A Treatise of Melancholly and Distraction, with Government in Cure.

Also a Compendious Herbal, discovering the Physical Vertue of all Herbs in this Kingdom, and what Planet rules each Herb, and how to gather them in their Planetary Hours.

Written by *JOHN ARCHER* one of His Majesties Physicians in Ordinary.

LONDON,
Printed for the AUTHOR, and are to be sold at his House, at the Sign of the *Golden Ball* in *Winchester Street*, near *Broad Street*. 1673.

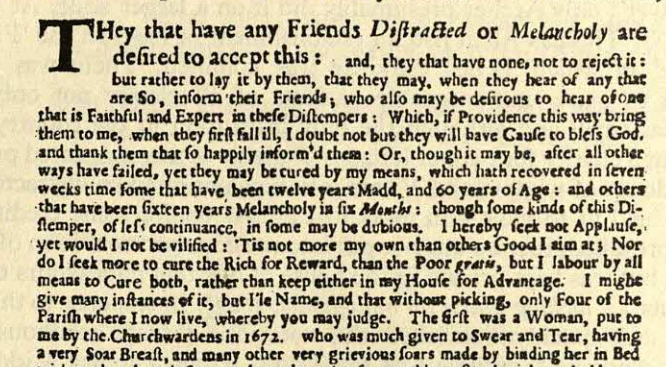
FIG. 41 Title-page of John Archer's *Every man his own doctor, compleated with an herbal . . . The second edition, with additions,* 1673 including *A treatise of melancholly and distraction, with government in cure.*

Although described as 'one of His Majesties Physicians in Ordinary' the author was no more than an advertising quack without proper medical training. Yet this was one of the earliest medical books with a section on the 'Cure of Melancholly and Distraction' advertised on the title-page, and in it Archer announced that he could accommodate those who had lost 'the use of Reason . . . with such conveniency as is fit for their Recovery, having had much practice and success that way, and can place them in an excellent Air nere the City, fit for that purpose; and with the greatest security and delight to patients; there being no better way for their Recovery'. Thus he was one of the earliest known madhouse keepers who came to play so prominent a part in shaping the development of psychiatry in the next 150 years or more. Earlier in the seventeenth century it was not uncommon for a doctor to take one lunatic in like Helkiah Crooke [see p. 103] who in 1630 'carried' his patient to his 'house where he was fairly intreated and well used & carefully provided of a good Lodging and wholesome and good dyet'; only Archer presumably did it on a larger scale. At about the same time Dr Thomas Allen had an establishment of his own the 'Finnesbury Mad-house' in which James Carkesse was confined. There was of course great need to place unmanageable patients of all classes not only because Bethlem was small and although the only institution in the country hardly a hospital, but a charity for pauper lunatics. Patients of means wanted private care like a Londoner of whom John Vicars told he 'continued so distracted, that at last it was held fit to have him away to *Bedlem*; yet for some credit sake, his friends so prevailed, that he was not put into the common condition of the Mad-men there, but was kept private in the house of one that endeavours the cure of such persons' (*A looking-glasse for malignants*, 1643). In response to this demand developed and quickly flourished the notorious private madhouses of the eighteenth century: 'You've a fine trade on't' wrote Thomas Middleton and William Rowley in *The Changeling* (first performed in 1621) 'Mad-men and Fools are a staple commodity'.

JAMES NEWTON

EXPERT IN MADNESS AND MELANCHOLY, 1674

This James Newton is often confused with another James Newton, MD (1639–1718) the botanist (for instance in the *Dictionary of National Biography*). By 1698 he was established in the former Manor House of Clerkenwell belonging to the Earls of Northampton and was widely known as 'Dr. Newton, who keeps



THey that have any Friends *Diſtracted* or *Melancholy* are deſired to accept this: and, they that have none, not to reject it: but rather to lay it by them, that they may, when they hear of any that are So, inform their Friends; who alſo may be deſirous to hear of one that is Faithful and Expert in theſe Diſtempers: Which, if Providence this way bring them to me, when they firſt fall ill, I doubt not but they will have Cauſe to bleſs God, and thank them that ſo happily inform'd them: Or, though it may be, after all other ways have failed, yet they may be cured by my means, which hath recovered in ſeven weeks time ſome that have been twelve years Madd, and 60 years of Age: and others that have been ſixteen years Melancholy in ſix *Months*: though ſome kinds of this Diſtemper, of leſs continuance, in ſome may be dubious. I hereby ſeek not Applauſe, yet would I not be vilified: 'Tis not more my own than others Good I aim at; Nor do I ſeek more to cure the Rich for Reward, than the Poor *gratis*, but I labour by all means to Cure both, rather than keep either in my Houſe for Advantage. I might give many inſtances of it, but I'le Name, and that without picking, only Four of the Pariſh where I now live, whereby you may judge. The firſt was a Woman, put to me by the Churchwardens in 1672. who was much given to Swear and Tear, having a very ſoar Breaſt, and many other very grievious ſoars made by binding her in Bed with cords, though ſhe was through weakneſs not able to ſtand without hold, yet was ſhe and all her Soars perfectly cured in 3 *Weeks*. The ſecond was a man whoſe Diſtemper was of another kind, he being ſo void of Senſe and Reaſon as not to know any thing that was ſaid or done unto him, he would, when his hands were at liberty, moſt vigorouſly beat himſelf on his breaſt, and tear the hair off his head, & afterwards lye as in a Convulſion fit; he had alſo a great ſwelling in his neck, which became well, and he perfectly cured in 4 *Days*. The third was a man put to me by the Overſeers of the Poor in 1674 whoſe diſtemper varied from the other; wherefore, becauſe I would not ſay he ſhould be K *Charles* II. he commanded the ſtanders by to take off my head, for he would be K. *Charles* II. whether I would or not; yet at times he would diſcourſe rationally: he was perfectly cured in ſix Days. The fourth, was a woman differing from the reſt, being altogether Melancholy, lame on one ſide, ſuppoſing her ſelf to be more miſerable than any other, and that a Plaiſter which a woman had applied to her forhead, was ſo very ponderous, that if ſhe ſhould but ſtoop to the ground, ſhe ſhould never be able to riſe again, ſo would often mourn: but ſhe alſo was cured in 4 *Weeks*. The laſt 10 I had went away in a ſhort time very well, except one that was 2, another 3, and the third 4 *Months*: beſides theſe nominated, ſeveral others have been cured in a week, or very few weeks time: yet 'tis poſſible, others may require more time than any of theſe, though all theſe had been under other means rather to their detriment than advantage

* Note alſo, that never any was Moped by uſe of my means, but ſeveral that have been ſubject to Fits, and other bad Symptoms, have not had the like after cured by my means. The Truth of what I here affirm will eaſily be confirmed, if thoſe that doubt hereof will but apply themſelves to me *James Newton*, at my houſe on Clarken-well Green; where I am ready to give an ingenious Account of my carriage to, Care and Induſtry on ſuch perſons with the Cures that I have, through the Aſſiſtance of the Almighty, perform'd without danger of Relapſe. —— *Now if any Skil'd in theſe Diſtempers object any things I am very willing for their ſatisfaction, if I may have Liberty, to take 3 perſons out of Bed Lam. that have been there ſeveral years, and to beſtow all Neceſſaries upon them gratis.* ——

* *Let thoſe that object do the like, hereby, may that place be eaſed, and the Eaſieſt way of Cure made apparent.*

FIG. 42 Handbill advertising the madhouse 'on Clarken-well Green' of James Newton 'Faithful and Expert in these Distempers' who had cured 'some that have been twelve years Madd . . . and others that have been sixteen years Melancholy', *c.* 1674 (*British Museum*, C. 112, f. 9).

a Mad-house in Wood's Close' (*cf.* Robert Howson's *The second part of the Boy of Bilson: or, a true and particular relation of the impostor, Susanna Fowles*, 1698). In 1750 *The Gentleman's Magazine* reported that a Dr Newton 'keeper and physician to a private madhouse, near Islington turnpike' had died, probably his son since it was customary at that time for madhouses to be passed down in families [see Irish, 1700]. Four years later the house was taken over by William Battie for the same purpose and on his death in 1776 continued by John Monro followed by his son Thomas who relinquished it in 1803 when it became a boarding school. It was located at the top of Woods Close where St John's Street ran into Islington Road [see FIG. 43] on the site today occupied by Northampton Polytechnic.

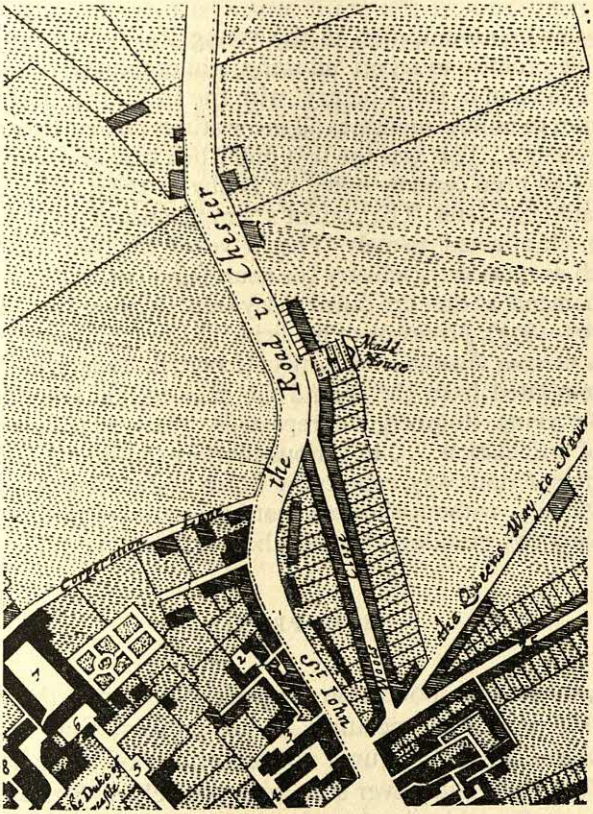


FIG. 43 Location of James Newton's (later William Battie's) 'Madd House' in the parish of St James's, Clerkenwell (Stow's *Survey of the cities of London and Westminster*, 1720, edited by J. Strype, Book 4) – perhaps the first madhouse on a map of London.

GEORGE GARDEN (1649–1733)

MA, DD Aberdeen, divine

An extract of a letter, written from Aberdeen Febr. 17. 1676/7, *concerning a man of a strange imitating nature.* In: *Philosophical Transactions,* 1677 Vol. 12, pp. 842-3

Garden sent this communication to the young Royal Society of London in fulfilment of his promise to report 'all things philosophical' from Aberdeen. In it he described 'a Man in this Country' with the surprising 'Dotrel-quality . . . that inclines him to imitate unawares all the gestures and emotions of those with whom he converseth'. This was the first published case of echopraxia a phenomenon which had been casually noted by Digby in 1644, and which is not uncommon in catatonic states. The patient's 'simple answer' to the question 'how he found himself affected' namely 'That it vexed his heart and brain' is still about as much as modern psychiatry (or neurology) can make of it.

'Echo phenomena' as they are called today were so named by Moritz Heinrich Romberg (1795–1873), professor of medicine at the University of Berlin in his *Manual of the nervous diseases of man,* 1853 (London, Sydenham Society, vol. 2, pp. 180–1) translated from the second German edition (Berlin 1851) by Sir Edward H. Sieveking. Romberg had repeatedly observed echolalia or 'imitative movements of articulation . . . in various morbid conditions of the brain. The patient, in a monotonous way, repeats the words and sentences spoken by somebody in his vicinity, without showing that his attention has been attracted, or that he associates any meaning with what he is articulating'.

ECHOPRAXIA

I remember, we had then occasion to speak of a Man in this Country very remarkable for somewhat peculiar in his temper, that inclines him to imitate unawares all the gestures and emotions of those with whom he converseth. We then had never seen him our selves. Since our return we were together at *Scrachbogie* where he dwells, and, notwithstanding all we had heard of him before, were somewhat surprized with the oddness of this *Dotrel*-quality. This *Donald Monro* (for that is his name,) being a little old and very plain man, of a thin slender body, hath been subject to this infirmity, as he told us, from his very infancy. He is very loath to have it observed, and therefore casts down his eyes when he walks in the streets, and turns them aside when he is in company. We had made several trials before he perceived our design; and afterward had much ado to make him

stay. We caressed him as much as we could, and had then the opportunity to observe, that he imitated not only the scratching of the head, but also the wringing of the hands, wiping of the nose, stretching forth of the palms, &c. And we need not strain complement to perswade him to be cover'd; for he still put off and on as he saw us do, and all this with so much exactness, and yet with such a natural and unaffected air, that we could not so much as suspect that he did it on design. When we held both his hands, and caused another to make such motions, he pressed to get free: But, when we would have known more particularly, how he found himself affected, he could only give us this simple answer, *That it vexed his heart and his brain.*

I shall leave it to your consideration, what peculiar crises of spirits or distemper of imagination may cause these effects, and what analogy they bear to the involuntary motion of yawning after others, and laughing when men are tickled (which some will do if anybody do make that titillating motion with their fingers, though it be at a distance from them;) and whether, if his Nurse have accustomed him to the frequent imitation of little motions and gestures in his infancy, this may not have had some influence to mould the texture of his Brain and Spirits, and to dispose him to this ridiculous apishness?

SIR MATTHEW HALE (1606–1676)

Lord Chief Justice

The primitive origination of mankind, considered and examined according to the light of nature, 1677 *London, Shrowsbery* pp. 44, 48-50

Advances in anatomy and physiology, human and comparative, had left psychology far behind but had opened two new lines of approach to the study of human behaviour. The first followed Descartes' concept of *l'homme machine* and likened bodily functions to 'Artificial Engins' and the mind 'into the like supposition, only by advancing the Engin . . . into a more curious and complicated constitution'. Applied to mental phenomena it became the basis of the cybernetics of today which attempts to explain them in terms of reverberating circuits and mathematical formulae. The second approach which likened man's 'reasoning power' to that of animals has also gained great popularity this century through Pavlov's work on conditioning and forms the basis of research into 'neurotic' animal behaviour to further the understanding of mental illness in man. Hale was sceptical of both and pleaded for 'a more distinct Consideration of the Humane Nature, and the Faculties of the Humane Soul' and so for the study of the mind and its workings in its own right.

CYBERNETICS AND AUTOMATA

Now touching the Sensitive Natures, there have been two extreme opinions, both of them extremely contrary one to another, and yet both of them, as they are delivered by their Authors, untrue.

1. That Opinion that depresseth the natures of sensible Creatures below their just value and estimate, rendring them no more but barely Mechanisms or Artificial Engins; such as were *Archytas* his Dove, *Regiomontanus* his wooden Eagle, or *Walchius* his iron Spider: that they have no vital Principle of all their various Motions but the meer modifications of Matter, or at least the elementary Fire mingled with their other Matter; that they have no other form or internal principle of Life, Motion, or Sense but that which is relative and results from the disposition, texture, organization and composition of their several Limbs, Members or Organs: This fancy began by *Des Cartes* in his *Fundamenta Physica*, and hath been followed and improved by some of his admirers, and particularly much favoured by *Honoratus Faber* in his Book *De Generatione Animalium*; and herein they think they have given a fair solution to all the *Phænomena* of the Sensitive Nature, and given a fair prelation to the Soul of Man,

which they agree to be a substantial Principle of humane actions: But in both these they have been disappointed; for this supposition as it gives not at all a tolerable explication of the *Phænomena* of sense and animal motions, so if it did, it would easily administer to a little more confidence and boldness, a temptation to resolve all the Motions of the reasonable Soul into the like supposition, only by advancing the Engin or *Automaton humanum* into a more curious and complicated constitution: For he that can once suppose that the various modifications of Matter and Motion, and the due organization of the Bodies of Brutes can produce the admirable operations of Sense, Phantasie, Memory, Appetite, and all those instincts which we find in Brutes; is in a fair way of resolving the operation of the Reasonable Nature into the like supposition, only by supposing the organization of the latter somewhat more curiously and exactly disposed and ordered as much above that of Brutes, as theirs is above that of Vegetables. It is true, the organization of the humane and animal Body, with accommodation to their several functions and offices, is certainly fitted with the most curious and exact Mechanism imaginable; as appears by the structure of the Heart, the Lungs, the Brain, the Tongue, the Hand, the Nerves, the Muscles and all other parts, and the several orders and methods of their motions and adaptations to their several offices, and the exercise by them of those Faculties to whose service they are consigned: This must needs be acknowledged by every man that observes them, or that takes the pains to read the Tracts of those that have written of them; and especially *Galen* his divine Book *De Usu Partium*, *Des Cartes* and *Fabritius* concerning the structure of the Eye, the same *Fabritius* and *Steno De motu Musculorum*, and divers others. But that the Principle that sets on work these Organs, and worketh by them, is nothing else but the modification of matter, or the natural motion thereof thus or thus posited or disposed, or the bare conformation of the Organs, or the inclusion and expansion of any natural inanimate particles of elementary Fire, is most apparently false, even to the view of any that observes or considers impartially. It is impossible to resolve Perception, Phantasie, Memory, the sagacities and instincts of Brutes, the spontaneousness of many of their animal motions into those Principles, nor are they explicable without supposing some active determinate power, force, or virtue connexed to, and inherent in their Spirits or more subtil parts, of a higher extraction than the bare natural modification or texture of Matter, or disposition of Organs, or, as they are often pleased to stile them, their *plexus partium* . . .

2. The other extreme Opinion seems to advance the Animal Nature too high, at least without a due allay of their general expression; namely, those who attribute Reason and a reasoning faculty or power to Animals as well as to Men, though not altogether in the same degree of perfection: so that they will not have Reason to be the specifical or constitutive difference of the Human Nature, but common to them and Brutes: This Opinion seems generally to be favoured by the *Pythagoreans*, that held

Transmigration of Souls . . . but above all by the ingenious and learned *De Chambre* in his Book of the Knowledge of Beasts, wherein he asserts not only the simple apprehension of Beasts by phantasms or images wrought by the Phantasie, but the conjunction of images with affirmations and negations, which make up Propositions, and the conjunction of Propositions one to another, and illation of Conclusions upon them, which is Ratiocination or Discourse: And that in farther evidence thereof there is a certain kind of Language whereby Beasts or Birds, especially of the same Species, communicate their conceptions one to another; only this discursive Ratiocination of Brutes he calls *Ratio imaginativa*, and differenceth it from *Ratio intellectualis* which belongs properly to Men, principally in this, That the imaginative or brutal Ratiocination keeps still in particulars, and within the verge of particular propositions and conclusions; but intellectual Reason hath to do with universals, and for the most part grounds and directs its Ratiocination by them.

ROBERT PLOT (1640–1696)

MA, DCL Oxon, Historiographer Royal; Fellow and Secretary of the Royal Society; professor of chemistry, Oxford

The natural history of Oxford-shire, being an essay toward the natural history of England, 1677 *Oxford, at the Theater* pp. 193-4

'There is an Opinion abroad, (whether Idle or no I cannot say,)' wrote Bacon (*Sylva sylvarum*, 1627) 'That loving and kinde Husbands, have a Sense of their Wives Breeding Childe, by some Accident in their owne Body'. This phenomenon was referred to again by James Primrose (?–1659), MD Montpellier, MB Oxon, LRCP, physician of Hull (best known for the doubtful honour of being the first who opposed Harvey's circulation of the blood in print) in his book *De vulgi in medicina erroribus*, 1638 (translated by Robert Wittie as *Popular errours. Or the errours of the people in physick*, 1651, London, Bourne, pp. 121-4). Under the heading 'That the Husband cannot breed his Wives childe' he wrote: 'Among very many Errours, this seems most worthy to bee laughed at, that the husband is thought to bee sick, and troubled with the same symptomes, wherewith a woman with child is wont . . . I doe not remember that I have read of it at any time, nor heard it observed in any place but in *England* . . . It is no new thing for husbands and their wives to bee both sick together. But it is a wonder, and heretofore a thing unknown, that graviditie, or a womans being with childe is a contagious disease, and that no other women, but men only, whom nature hath freed from the travaile, should be infected therewith. Furthermore it is observed, that the same symptoms do not happen to all women, or at least not all to every one, and yet it often falls out, that when the woman is in good health, the husband is sick, yea sometimes being many miles off . . . I know something might be said of simpathy, antipathy, contagion, fascination, and other such trifles . . . But because by the very relating of it, the absurdity of this errour doth appeare, I will adde no more. *Jupiter* bore *Bacchus* in his thigh, and *Pallas* in his brain; but let this be proper to him alone'.

Two hundred years later E. B. Tylor in *Researches into the early history of mankind and the development of civilization*, 1865 gathered the anthropological evidence of a custom of world wide distribution by then known as the *couvade*, whereby husbands undergo various trials and affect the symptoms of childbearing during their wives' lying-in. From the psychiatric point of view the *couvade* remains of some importance as otherwise inexplicable hypochondriacal symptoms in young men – such as nausea, vomiting, lassitude, head-, stomach-, back-, and toothache – may be traced to unconscious sympathising or identifying with a pregnant wife. This is the modern psychological explanation of what in Plot's time still was 'a problem . . . beyond all hopes of solution'.

In the birth of man it is equally strange, that the pangs of the woman in the exclusion of the child have sometimes affected the Abdomen of the husband, which yet to such as have experimented the secrecy of sympathies, and understand the subtilty and power of effluviums, perhaps may not seem difficult: But that the man should sometimes suffer such pains, whil'st the woman is well, and before she is in labor, is a problem I fear beyond all hopes of solution. And yet that this has happen'd to some persons in Oxford is very certain, and that to knowing ones too, very unlikely to be deceived, and of unquestionable veracity: whereof one of them told me (whom I enquired of more particularly concerning them) that they came upon him when he little thought of his wife, and that the pangs were very odd ones, such as he never felt in his life; not like any griping in the guts, but lying in the muscles of the Abdomen, which yet he should never have thought to have had relation to his wife, had they not suddenly, and beyond expectation ceased, as soon as his wife began to be in labor. Which makes much for the credit of a relation of the German Virtuosi, concerning one Faber of Buxovil in Alsatia, who constantly acted the part of his pregnant wife, being taken with vomitings, and suffering those inordinate longings that usually attend women in that condition, his wife all the while suffering no such inconveniencies.

That such symptoms should be thus translated from the woman to the man, the woman remaining well and undisturbed, Dr. Primirose thought so irrational (upon account that natural Agents first work on the nearest objects, and then on the remotest, and that therefore woman must needs be first affected with her own noxious humors) that he lookt upon it as no better than a ridiculous error, as indeed I think I should have done my self, but that I am otherwise perswaded by sober men, who well know how to distinguish the manner of the pangs, and the circumstances of them: Nor should I have ventured to have made this relation, but that the persons are living, and ready to justifie what I have written to any person fit to be discours'd with about such matters: but how they should come to pass, is so hard to determin, that I dare not yet attempt it, it being difficult not to err concerning such mysteries of Nature.

JOHN WEBSTER (1610–1682)

Headmaster, minister of religion, medical practitioner and metallurgist of Clitheroe, Lancashire

The displaying of supposed witchcraft. Wherein is affirmed that there are many sorts of deceivers and imposters, and divers persons under a passive delusion of melancholy and fancy. But that there is a corporeal league made betwixt the devil and the witch, or that he sucks on the witches body, has carnal copulation, or that witches are turned into cats, dogs, raise tempests, or the like, is utterly denied and disproved. Wherein is also handled, the existence of angels and spirits . . . the force of charms, and philters; with other abstruse matters, 1677 *London, printed by J. M.* pp. 323-4, 330-1, 345-6

At the time James I rekindled the belief in demoniacal intervention and possession Cotta (1612) bravely showed that even otherwise mysterious symptoms did not require invocation of supernatural agencies but could be caused by 'the imaginarie'. During a similar wave of superstition after the Restoration which saw not only a recrudescence of attributing 'natural diseases, distempers, and accidents to Witches and Witchcraft' but also an increased demand for cures by 'Charms, Pictures, Ceremonies and the like' including the Royal Touch, Webster was 'stirred up' to write against those who 'have afresh espoused so bad a cause'. In his chapter 'Of the force and efficacy of Words or Charms, whether they effect any thing at all, or not, and if they do, whether it be by Natural or Diabolical virtue and force' he went one step further than Cotta and showed it was unnecessary to postulate supernatural forces for the action even of charms and incantations, since their 'causality and efficiency is solely in the person imaginant and confident of receiving help'. Such was the early recognition of psychological phenomena which in the later nineteenth century were studied as suggestibility and suggestion especially under hypnosis.

CHARMS AND INCANTATIONS

It hath sometimes been a question, Whether a rational Physician in the curing of melancholy persons, or others in some odd diseases, ought to grant the use of Characters or Charms, and such ridiculous administrations? Which is decided in the affirmative, that it is lawful and necessary to use them, by that able and learned Physician *Gregorius Horstius*, by eight strong and convincing arguments. And we our selves having practised the art of medicine in all its parts in the North of *England*, where Ignorance, Popery, and superstition doth much abound, and where for the most part

the common people, if they chance to have any sort of the Epilepsie, Palsie, Convulsions or the like, do presently perswade themselves that they are bewitched, fore-spoken, blasted, fairy-taken, or haunted with some evil spirit, and the like; and if you should by plain reasons shew them, that they are deceived, and that there is no such matter, but that it is a natural disease, say what you can they shall not believe you, but account you a Physician of small or no value, and whatsoever you do to them, it shall hardly do them any good at all, because of the fixedness of their depraved and prepossessed imagination. But if you indulge their fancy, and seem to concur in opinion with them, and hang any insignificant thing about their necks, assuring them that it is a most efficacious and powerful charm, you may then easily settle their imaginations, and then give them that which is proper to eradicate the cause of their disease, and so you may cure them, as we have done great numbers. Here it is most manifest that the charm or appension hath no efficacy at all, and yet accidentally, it conduces to settle their fancies and confidences, which conduceth much to their cures. And from hence it comes to pass that by reason of the fixed belief of the party to whom the charm is applied, there are many helped, when the causality and efficiency is solely in the person imaginant and confident of receiving help by the means of the charm, and no efficacy at all in the charm it self, nor no diabolical concurrence, besides what obliquity may be in the minds of the actors, nor no agency in the imagination of the charmer, to produce the effect: yet because often people are cured thereby, the common people (and sometimes the learned also) do attribute the whole effect unto the charm, when indeed it effecteth nothing at all . . .

We are to consider that though we should grant that words or charms had in them no energie, nor efficiency at all, by any natural power, and that the Devils power doth not concur to make them operative; yet (as we have partly shewed before) they are of singular use and benefit to a learned Physician, whereby he may settle the fancies of his patients, to cause them more chearfully and confidently to commit them to his hands, and to take what he shall order and prescribe them, and this manner of their use is no way to be dispraised or condemned, and we leave it as excepted forth of the dispute we have in hand . . .

Having thus far largely handled this point, we shall only recapitulate a few things, and so conclude this Treatise.

1. It being granted, that great effects have been produced by words, charms, rhythmes, and tunes, we have removed all diabolical concurrence to those effects, except what may be mental and internal, as in all wicked persons, when they use natural means to a wicked and evil end, and that (as we conceive) by sufficient and convincing arguments: And especially because, where there is no natural agent, there the Devil can operate nothing at all, and if there be a natural agent, his concurrence is not necessary.

2. As for the force of imagination upon extraneous bodies, we cannot in

reason affirm it to be none at all, neither dare, or will we assert that its power (in that respect) is so vastly great, as many do pretend.

3. And for what strange effects soever, that are true and real, that do follow upon the use of words, charms, characters, rhythms, and the like, we do confidently affirm, that they are effected by lawful and natural means, but withal that of this sort in this age, few or none are found out that are efficacious. But that error, credulity, ignorance and supersitition do put great force, and stress upon these things, when really they produce no effects at all.

RALPH CUDWORTH (1617–1688)

MA, DD Cantab., Master of Clare Hall, subsequently of Christ's College and regius professor of Hebrew, University of Cambridge

The true intellectual system of the universe: the first part; wherein, all the reason and philosophy of atheism is confuted; and its impossibility demonstrated, 1678 *London, Royston* pp. 160–1

Cudworth was alarmed lest the advances in scientific knowledge should be thought to make the idea of God redundant in biology and so set about to assemble in this volume evidence to show that there was constantly active in man a superior principle. Two of his arguments are of special interest here: first, that mental activity continues independent of 'Express Consciousness' as in sleep; secondly, that the vital actions of the body are entirely involuntary. These two phenomena continued to be treated as one and the same until their further investigation led on the one hand to the discovery of autonomic and reflex action (Whytt 1751) and on the other to that of unconscious mentation (Hamilton 1836, Laycock 1860).

VITAL ENERGY WITHOUT EXPRESS CONSCIOUSNESS

However, that there may be some Vital Energy without Clear and Express . . . Con-sense and Consciousness, Animadversion, Attention, or Self-perception, seems reasonable upon several accompts. For first, those Philosophers themselves, who make the Essence of the Soul to consist in Cogitation, and again the Essence of Cogitation in Clear and Express Consciousness, cannot render it any way probable, that the Souls of Men in all profound Sleeps, Lethargies and Apoplexies, as also of Embryo's in the Womb, from their very first arrival thither, are never so much as one moment without Expresly Conscious Cogitations; which if they were, according to the Principles of their Philosophy, they must, *ipso facto*, cease to have any Being . . . It is certain that our Humane Souls themselves are not always Conscious, of whatever they have in them; for even the Sleeping Geometrician, hath at that time, all his Geometrical Theorems and Knowledges some way in him; as also the Sleeping Musician, all his Musical Skill and Songs: and therefore why may it not be possible for the Soul to have likewise some Actual Energie in it, which it is not Expressly Conscious of? We have all Experience, of our doing many Animal Actions Non-attendingly, which we reflect upon afterwards; as also that we often continue a long Series of Bodily Motions, by a mere Virtual Intention of

our Minds, and as it were by Half a Cogitation. That Vital Sympathy, by which our Soul is united and tied fast, as it were with a Knot, to the Body, is a thing that we have no direct Consciousness of, but only in its Effects. Nor can we tell how we come to be so differently affected in our Souls, from the many different Motions made upon our Bodies. As likewise we are not Conscious to our selves of that Energy, whereby we impress Variety of Motions and Figurations upon the Animal Spirits of our Brain in our Phantastick Thoughts. For though the Geometrician perceive himself to make Lines, Triangles and Circles in the Dust, with his Finger, yet he is not aware, how he makes all those same Figures, first upon the Corporeal Spirits of his Brain, from whence notwithstanding, as from a Glass, they are reflected to him, Fancy being rightly concluded by Aristotle to be a Weak and Obscure Sense. There is also another more Interiour kind of Plastick Power in the Soul (if we may so call it) whereby it is Formative of its own Cogitations, which it self is not always Conscious of; as when in Sleep or Dreams, it frames Interlocutory Discourses betwixt it self and other Persons, in a long Series, with Coherent Sence and Apt Connexions, in which oftentimes it seems to be surprized with unexpected Answers and Reparties; though it self were all the while the Poet and Inventor of the whole Fable. Not only our Nictations for the most part when we are awake, but also our Nocturnal Volutations in Sleep, are performed with very little or no Consciousness. Respiration or that Motion of the Diaphragma and other Muscles which causes it (there being no sufficient Mechanical accompt given of it) may well be concluded to be always a Vital Motion, though it be not always Animal; since no man can affirm that he is perpetually Conscious to himself, of that Energy of his Soul, which does produce it when he is awake, much less when asleep. And Lastly, the Cartesian Attempts to salve the Motion of the Heart Mechanically, seem to be abundantly confuted, by Autopsy and Experiment, evincing the Systole of the Heart to be a Muscular Constriction, caused by some Vital Principle, to make which, nothing but a Pulsifick Corporeal Quality in the Substance of the Heart it self, is very Unphilosophical and Absurd. Now as we have no voluntary Imperium at all, upon the Systole and Diastole of the Heart, so are we not conscious to our selves of any Energy of our own Soul that causes them, and therefore we may reasonably conclude from hence also, that there is some Vital Energy, without Animal Fancy or Synæsthesis, express Consciousness and Self-perception.

JAMES CARKESSE

LUCID INTERVAL, 1679

The author was James Carkesse, a clerk in Samuel Pepys's office at the Admiralty, who became deranged and came under the care of Dr Thomas Allen [see p. 184] first in his private madhouse 'at Finsbury' overlooking 'the Artillery Ground' (still on the same site) and subsequently across the way in Bethlem Hospital on the other side of what is now Finsbury Square. He described in doggerel verse his experiences as a patient and gives a vivid picture of what it was like to be a lunatic in the metropolis at that time, as for instance in 'The Poetical History of Finnesbury Mad-house':

> '. . . I'll tell you his way of Proceeding,
> all you, that here shall enter;
> *Purges*, *Vomits* and *Bleeding*,
> Are his method of Cure, at a Venture . . .
> I laid him in *Straw* for a Bed,
> Lest *Feathers* should make him *light-headed*;
> That there his wild Oats he might shed,
> And again to his Wits be wedded.
> Without either Shirt, or Cloaths,
> I lodg'd my merry mad Youth;
> For of Kin we may well suppose,
> The *Sober* to *Naked-Truth* . . .
> I order'd his *Keeper*, at Large,
> On occasion to ply him with Blows,
> That what *Jugular* did not discharge,
> The mad *Blood* might come out at his *Nose* . . .'

Other verses have such titles as 'The Duke of Grafton, looking into his Cloyster, And kindly asking him, How he did'; 'To a Tinmans Wife, Visiting him when he lay in Chains'; 'Poet no Lunatick'; 'The patients Advice to the Doctor'; 'On the doctors telling him, that 'till he left off making Verses, he was not fit to be discharg'd'; 'On the Doctors letting him Blood'; 'Pronounc'd at the taking of a Vomit' and 'A Dose for the Doctor' which opens:

> 'So little *Wit*, so much of *Phlegm* and *Rheume*
> Our *Mad-Quack* has, that I may well *presume*
> Hither as *Patient* he'l ne're be prefer'd,
> To fill the number of the *Madmens* Herd:
> Who e're is *Mad*, he first had *Wit* to lose;
> Betwixt *Fool* and *Physitian* wink and chuse.'

Lucida Intervalla:

Containing divers

Miſcellaneous Poems,

Written at

Finsbury and Bethlem

BY THE

Doctors Patient

EXTRAORDINARY.

By James Carkesse.

---ſemel Inſanivimus omnes.

Upon Dr Thomas Allen

LONDON,

Printed *Anno Dom.* 1679.

FIG. 44 Title-page of *Lucida intervalla*, 1679 (*British Museum*) the only book with 'lucid interval' on the title.

The sentiment of another verse entitled 'His Rule of Behaviour: If you are civil, I am sober' expressed not only what Carkesse had experienced on himself but what led to all later improvements in the management of the insane, namely that violent treatment produced violent patients. It starts:

> 'Porter and Keepers, when they're Civil,
> They charm in me the *Madmens* Devil;
> The Roaring *Lyon* turns to *Lamb*,
> Lies down and couches wondrous Tame . . .'

ROBERT HOOKE (1635–1703)

MA Oxon, MD Lambeth; Fellow, Secretary and Curator of Experiments, Royal Society; professor of geometry, Gresham College, London

1. *Lectures of light*, 1680. In: *The posthumous works of Robert Hooke . . . publish'd by Richard Waller, R.S. Secr.*, 1705 *London, Smith & Walford* pp. 139-41, 144-5

2. *An account of the plant, call'd Bangue, before the Royal Society, Dec. 18. 1689.* In: *Philosophical experiments and observations of the late eminent Dr. Robert Hooke . . . publish'd by W. Derham, F.R.S.*, 1726 *London, Innys* pp. 210-2

Hooke was one of the many-sided scientific geniuses of the second half of the seventeenth century with a claim also to a place in the history of psychiatry. Besides designing the new Bethlem Hospital in Moorfields which opened in 1676 and with additions remained in use until 1815 [see FIG. 45], there are to be found in his writings what may be considered contributions to psychiatry proper, two of which are quoted here. His investigation of 'how we come by the Notion of Time', a subject still little understood, may be regarded as one of the first 'modern' psychological studies. Unlike his contemporaries who wrote moral and philosophical disquisitions on mental faculties and passions, Hooke considered mind in action, that is dynamically. He showed that the sense of time derived from memory which in turn was built on the sequence and association of ideas and events. Comparing the arrangement of 'Ideas' or memory traces in the 'Organ of Memory' with that of the solar system, he envisaged that memories seemingly lost might only be obscured by an interposing idea – in modern psychological terminology a resistance – and could be recalled when this was removed. The observation that memory may be 'destroyed' by diseases which 'affect not the Soul' or other mental powers equally, led him to another modern conclusion, namely that memory must have a particular localisation in the brain.

Another of Hooke's contributions was to bring to the notice of the fellows of the Royal Society, many of them at that time medical men, the property of Indian hemp or marihuana which 'seemeth to put a Man into a Dream' and to suggest it might 'be of considerable Use for Lunaticks'. However this does not seem to have been followed up. But independently in 1762 Anton Storck, Dean of the Faculty of Medicine, University of Vienna and physician to the Empress Maria Theresia, as a result of experiments made on himself with stramonium pointed out that if 'by disordering the mind, [it] causes madness in sound persons, may we not try, whether, by disturbing and changing the ideas and common sensory, it might not bring the insane, and persons bereft of their

reason, to sanity or soundness of mind' (translated in *The Medical Museum*, 1763, vol. 1, pp. 451-2). In 1806 J. M. Cox recommended treatment on the lines of 'producing a degree of excitement, by various means, such as keeping the patient, for days in succession, in a state of intoxication', but it was not until the exigencies of World War II demanded a rapid method of dealing with battle shock that drug-assisted abreaction as it is now called became popular. And today, almost three hundred years after Hooke's paper drug-induced psychotic states have become an established line of psychiatric research.

MEMORY AND THE SENSE OF TIME

Before I come to the discussing of the particular Matters treated of the last Section, I would a little further consider what I have been discoursing of, viz. Time: And here, since it is a general Maxim in the Schools, that *Nihil est in Intellectu, quod non fuit prius in Sensu*, I would query by what Sense it is we come to be informed of Time; for all the Information we have from the Senses are momentary, and only last during the Impressions made by the Object. There is therefore yet wanting a Sense to apprehend Time; for such a Notion we have: And yet no one of our Senses, nor all together, can furnish us with it, and yet we conceive of it as a Quantity. For this therefore, since we cannot find any external or outward Sense, we must seek within, and we shall find there is somewhat like that which is called *Communis Sensus*, which is receptive of all the outward Impressions of the other Senses. But still this is insufficient to afford us the Notion or Knowledge of Time; for the Impressions on that can be no other than the Impressions from the other Senses, conveyed by the *Media* of the sensory Nerves, which must be also momentary, as well as the first Impressions, and consequently do not yet sufficiently inform us of the Notion of Time. Considering this, I say, we shall find a Necessity of supposing some other Organ to apprehend the Impression that is made by Time. And this I conceive to be no other than that which we generally call Memory, which Memory I suppose to be as much an Organ, as the Eye, Ear or Nose, and to have its Situation somewhere near the Place where the Nerves from the other Senses concur and meet.

Now that it is really Organical, I argue from this, that it may be both improved and impaired, it may be destroyed and exalted to a great Perfection. It is at some times sensible, and at other times wholly insensible, as particularly in Sleep: And whenever 'tis so, we have no Sense of Time, but we pass over all that Space of Time, as if it had not been, and we only come to understand it by other Circumstances. Besides, we have often known that the Memory has been quite destroyed by a Fall, or great Blow upon the Head, by a Fever, or other great Sickness; nay often by Excess of Drinking, all which affect not the Soul: And in probability, this might be caused by some Wound, Hurt, Bruise, or some other Distemper of that Part, which we conceive to be the Organ of Memory; which makes it an unfit Organ for the Soul to make use of for that effect; and consequently

the Soul can no more remember without the Organ of Memory, than it can see without the Organ of Sight, the Eye, or hear without an Ear. For the Soul, or first Principle of Life, tho' it be an Incorporeal Being, yet in performing its Actions, makes use of Corporeal Organs, and without them cannot effect what it wills.

Memory then I conceive to be nothing else but a Repository of Ideas formed partly by the Senses, but chiefly by the Soul it self . . . no Idea can be really formed or stored up in this Repository, without the Directive and Architectonical Power of the Soul; and the Actions or Impressions cease and fail without the concurrent Act of the Soul, which regulates and disposes of such Powers.

This Action of the Soul is that which is commonly called *Attention*, by which is what is meant no one does further or more intelligibly explain . . . My Notion of it is this, that the Soul in the Action of Attention does really form some material Part of the Repository into such a Shape, and gives it some such a Motion as is from the Senses conveyed thither; which being so formed and qualified, is inserted into and inclosed in the common Repository, and there for a certain time preserved and retained, and so becomes an Organ, upon which the Soul working, finds the Ideas of past Actions, as if the Action were present.

This Repository I conceive to be seated in the Brain, and the Substance thereof I conceive to be the Material out of which these Ideas are formed, and where they are also preserved when formed, being disposed in some regular Order; which Order I conceive to be principally that according to which they are formed, that being first in order that is first formed, and that next which is next, and so continually by Succession, from the time of our Birth to the time of our Death. So that there is as it were a continued Chain of Ideas coyled up in the Repository of the Brain, the first end of which is farthest removed from the Center or Seat of the Soul where the Ideas are formed; and the other End is always at the Center, being the last Idea formed, which is always the Moment present when considered: And therefore according as there are a greater number of these Ideas between the present Sensation or Thought in the Center, and any other, the more is the Soul apprehensive of the Time interposed . . .

The Soul therefore understands Time, or becomes sensible of Time, only by the help of the Organ of the Memory . . . by means of the Order, Situation and Distance of the said Ideas, from the Center, or one among another, so it becomes sensible of Time: And Time, as understood by Man, is nothing else but the Length of the Chain of these Ideas, between any two that are at any time apprehended together . . . And so Time comes to be apprehended as a Quantity, and so falls under the Consideration of Geometry and Mensuration . . . I conceive further, that besides the natural Decay there may be of the Form and imprest Motion of the Ideas, there may be also an Impediment to this Radiation of the Soul, by the Interposition of other Ideas between the Center and the Idea sought,

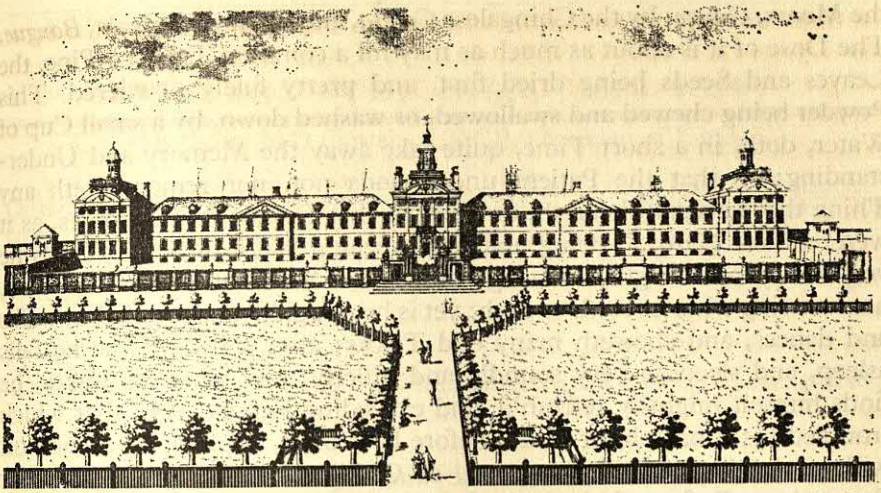


FIG. 45 View of Bethlem Hospital at Moorfields, *c.* 1720 built by Robert Hooke in 1676, before the wings for incurable patients were added in the 1730s.

much after the manner as the Earth interposing between the Moon and the Sun, hinders the Sun from radiating upon the Moon. And in such case the Idea may sometimes be thought to be lost, which yet may afterwards be found again when the Obstacle is removed . . .

Next, as I suppose there is a continual Radiation of the Soul into the whole Repository of Ideas, so I do conceive likewise that every Idea so placed being so qualified as above, by particular Impressions of Motions, which continue for a long time so to move, as they were at first impregnated, does from such its Power so retained, radiate a Motion of its own, which may in some manner also act upon the Soul, so as to excite it to Attention; and by this means also whenever any Idea is created and impregnated with Motions or Qualifications similar to those of other Ideas placed at some distance in the Repository, the concurrent Impressions or Re-actions of those similar Ideas upon the Soul at that time do make the fainter to be the more notable, and so excite the Soul to Attention or Radiation that way also; and by that means it has an Excitement to be more sensible of the other also at that moment: And this I take to be that Impression which we are sensible of, when we say, This brings to my Mind, or This puts me in mind, or this makes me remember, &c.

HALLUCINOGENS

It is a certain Plant which grows very common in *India*, and the Vertues, or Quality thereof, are there very well known; and the Use thereof (tho' the Effects are very strange, and, at first hearing, frightful enough) is very general and frequent; and the Person, from whom I receiv'd it, hath made very many Trials of it, on himself, with very good Effect. 'Tis call'd, by

the Moors, *Gange*; by the Chingalese *Comsa*, and by the Portugals, *Bangue*. The Dose of it is about as much as may fill a common Tobacco-Pipe, the Leaves and Seeds being dried first, and pretty finely powdered. This Powder being chewed and swallowed, or washed down, by a small Cup of Water, doth, in a short Time, quite take away the Memory and Understanding; so that the Patient understands not, nor remembereth any Thing that he seeth, heareth, or doth, in that Extasie, but becomes, as it were, a mere Natural, being unable to speak a Word of Sense; yet is he very merry, and laughs, and sings, and speaks Words without Coherence, not knowing what he saith or doth; yet is he not giddy, or drunk, but walks and dances, and sheweth many odd Tricks; after a little Time he falls asleep, and sleepeth very soundly and quietly; and when he wakes, he finds himself mightily refresh'd, and exceeding hungry. And that which troubled his Stomach, or Head, before he took it, is perfectly carried off without leaving any ill Symptom, as Giddiness, Pain in the Head or Stomach, or Defect of Memory of any Thing (besides of what happened) during the Time of its Operation . . . The plant is so like to Hemp, in all its Parts, both Seed, Leaves, Stalk, and Flower, that it may be said to be only Indian Hemp . . .

I have formerly given an Account of the Effects of the Roots of Hemlock, accidentally eaten by some young Children, which, at first, had an Operation on them much of the like Nature with this Vegetable; and possibly the last Effects might not have been much differing, if they had not made Use of Medicines, to recover them out of the Trance, before the Period of its Operation, tho' that be uncertain, and wants Experience to ascertain it. Whereas this I have here produced, is so well known and experimented by Thousands; and the Person that brought it has so often experimented it himself, that there is no Cause of Fear, tho' possibly there may be of Laughter. It may therefore, if it can be here produced, possibly prove as considerable a Medicine in Drugs, as any that is brought from the Indies; and may possibly be of considerable Use for Lunaticks, or for other Distempers of the Head and Stomach, for that it seemeth to put a Man into a Dream, or make him asleep, whilst yet he seems to be awake, but at last ends in a profound Sleep, which rectifies all; whereas Lunaticks are much in the same Estate, but cannot obtain that, which should, and in all Probability would, cure them, and that is a profound and quiet Sleep.

THOMAS SYDENHAM (1624–1689)

MB Oxon, MD Cantab., LRCP, physician of London

Dissertatio epistolaris ad Gulielmum Cole, M.D. . . . de affectione hysterica, 1682. In: *The entire works of Dr. Thomas Sydenham, newly made English from the originals . . . By John Swan, M.D.*, 1742 *London, Cave* pp. 367-71, 374-5

Whereas Willis the neurologist laid the emphasis in hysteria on the fit, Sydenham the great clinician called unusual symptoms hysterical 'which cannot be accounted for on the common principle of investigating diseases', in other words which did not add up to any then known disease. The diagnosis hysteria was clinched when there was a history of preceding 'disturbances of mind, which are the usual causes of this disease'. This meant that Sydenham included under hysteria all psychological ills short of frank alienation. In its subsequent history hysteria was used indiscriminately sometimes in Willis's sense with the emphasis on convulsions, sometimes in Sydenham's – corresponding with the psychoneuroses of today – and most often as a medley of the two. Today hysteria survives in Sydenham's sense, while that of Willis has mostly dissolved into various neurological disorders especially the epilepsies.

In Sydenham's experience hysteria was so common that he diagnosed it in one-sixth of his patients, although some of his diagnostic signs and symptoms in retrospect suggest organic disease. He noted that hysterical symptoms were often accompanied by depression and that they could coexist with physical disease. He also knew that 'hypochondriacal complaints' of men were similar to 'those symptoms, which seize hysterical women', an observation which was later interpreted as meaning that he discovered 'male hysteria' (the same claim was incidentally also made for Freud when in 1886 he communicated his experiences with Charcot in Paris to the Vienna Medical Society).

An amusing account is handed down of how Sydenham dealt with an unrelenting hypochondriac which is quoted here in a nineteenth century version by John W. Williams (?–1857) FRCS, practitioner of Portsea and surgeon to the Convict Hospital, Portsmouth, in *An essay on the utility of sea bathing . . . especially in nervous, scrophulous, bilious, liver and cutaneous complaints*, 1820 (Portsmouth, Mills, pp. 107-9).

HYSTERIC DISORDERS

It should seem that no chronic disease occurs so frequently as this; and that, as fevers with their attendants constitute two thirds of the diseases to which mankind are liable upon comparing them with the whole tribe of

chronic distempers, so hysteric disorders, or at least such as are so called, make up half the remaining third part, that is they constitute one moiety of chronic distempers. For few women, (which sex makes one half of the grown persons) excepting such as work and fare hardly, are quite free from every species of this disorder, several men also, who lead a sedentary life and study hard, are afflicted with the same. And tho' the symptoms, arising from hysteric diseases, were, by the antients, supposed to proceed from some disorder in the *womb*; yet upon comparing hypochondriac complaints, which we judge to arise from obstructions of the spleen and other viscera, with these symptoms, which seize hysteric women, we find a great similitude between them. But it must be own'd that women are oftner attack'd with these disorders than men; not indeed because the womb is more indisposed than any other part of the body, but for reasons hereafter to be explained.

This disease is not more remarkable for its frequency, than for the numerous forms under which it appears, resembling most of the distempers wherewith mankind are afflicted. For in whatever part of the body it be seated, it immediately produces such symptoms as are peculiar thereto; so that unless the physician be a person of judgment and penetration he will be mistaken, and suppose such symptoms to arise from some essential disease of this or that particular part, and not from the *hysteric passion* . . . Sometimes it causes terrible convulsions much like the *epilepsy*, along with a rising of the abdomen and viscera towards the throat, and such strong convulsive motions, that tho' the patient be otherwise rather weak, she can scarce be held by the attendants. And she talks wildly and unintelligibly, and beats her breast. This species of the disease, which is commonly entitled the *strangulation of the womb*, or *fits of the mother*, happens most frequently to such women as are of a very sanguine and robust constitution. Sometimes this disease attacks the external part of the Head, between the pericranium and the cranium, and occasions violent pain, which continues fixt in one place, not exceeding the breadth of the thumb, and it is likewise accompanied with enormous vomiting. I call this species the *clavus hystericus*, which chiefly affects such as have the green-sickness. Sometimes it seizes the vital parts, and causes so violent a *palpitation of the Heart*, that the patient is persuaded, those about her must needs hear the heart strike against the ribs. Slender and weakly women, that seem consumptive, and girls that have the green-sickness are chiefly subject to this species . . .

But their misfortune does not only proceed from a great indisposition of body, for the *mind* is still more disordered; it being the nature of this disease to be attended with an incurable despair; so that they cannot bear with patience to be told that there is hopes of their recovery, easily imagining that they are liable to all the miseries that can befall mankind; and presaging the worst evils to themselves. Upon the least occasion also they indulge terror, anger, distrust, and other hateful passions; and are enemies to joy and hope; which if they accidentally arise, as they seldom

do, quickly flie away, and yet disturb the mind as much as the depressing passions do, so that they observe no mean in any thing, and are only settled in inconstancy. They love the same persons extravagantly at one time, and soon after hate them without a cause; this instant they propose doing one thing, and the next change their minds, and enter upon something contrary to it, but without finishing it; so unsettled is their mind, that they are never at rest. What the Roman orator asserts of the superstitious, agrees exactly with these melancholic persons. *Sleep seems to be a relief from labour and inquietude, but from this many cares and fears arise*; their dreams being ever accompanied with the representation of the funerals and apparitions of their departed friends . . . But this very dreadful state of mind which I have mention'd above, only attacks such as have been much and long afflicted with this disease, and are at length overcome thereby; especially if misfortunes, grief, care, hard study and the like, along with an ill habit of body, have contributed thereto. It would take up too much time to enumerate all the symptoms belonging to hysteric diseases; so much do they vary, and differ from each other. *Democritus* therefore in writing to *Hippocrates*, seems to have had reason to assert, tho' he mistook the cause of the disease, *that the womb was the origin of six hundred evils, and innumerable calamities.* Nor do they only differ so greatly, but are so irregular likewise, that they cannot be comprehended under any uniform appearance, as is usual in other diseases; but are a kind of disorderly train of symptoms; so that 'tis a difficult task to write the history of this disease. The *Procatarctic*, or *external causes* thereof are either violent motions of the body, or, more frequently, some great commotion of mind, occasioned by some sudden fit, either of anger, grief, terror, or the like passions. Upon this account, when ever I am consulted by women concerning any particular disorder, which cannot be accounted for on the common principles of investigating diseases, I always enquire, whether they are not chiefly attack'd with it after fretting, or any disturbance of mind; and if they acknowledge this, I am well assured that the disease is to be ascrib'd to the tribe of disorders under consideration, especially if the diagnostic appears more evident by a copious discharge of limpid urine at certain times. But to these disturbances of mind, which are the usual causes of this disease, must be added, emptiness of the stomach, from long fasting, or immoderate evacuations, whether by bleeding too profusely, or giving too strong emetics, or cathartics.

CURE OF INVETERATE DEJECTION

The celebrated Sydenham was once much perplexed with a low-spirited patient, for whose relief he had exhausted all the resources of his art; but had the penetration to discover that, if he could furnish him with a motive of sufficient interest to divert the current of his ideas from the cherished theme, he might procure him relief. The Nobleman was therefore

informed, that there dwelt at Inverness, in Scotland, a physician of great and deserved celebrity in the cure of the disorder under which he suffered; and Sydenham told his titled patient, since he could do no more for him, he would give him a letter to carry to the more skilful Dr. Robinson. The Nobleman seized the idea with eagerness, immediately prepared for his long journey, and, from the strong interest of a new motive and pursuit, and the various engagements on the road, he had forgotten his malady before he reached Inverness. On his arrival in that town, no Dr. Robinson could be found, after the strictest search, and the abused invalid resolved to hasten back to London, to load his physician with reproaches, for having wilfully deceived him. With this paramount idea in his mind, which occupied the place of his former association of distempered notions, he reached home, and instantly summoned Sydenham to his presence, and demanded how he dared to abuse his confidence in sending him on such a fool's errand. Sydenham gravely asked if he found himself relieved. The patient replied, that he was now well, but he had not to thank him or Dr. Robinson for it, and continued his severest invectives. The physician then explained to him the necessity of giving him a motive of pursuit that might banish his prevailing and irregular ideas, and that he was in reality indebted to the imaginary Dr. Robinson, a belief in whose skill had occupied his mind all his journey out – and to Sydenham himself, a desire to upbraid whom had engaged his entire thoughts in his way home again, to the complete exclusion of his original complaint.

HUGH RYDER (fl. 1664–1693)

Naval surgeon and surgeon to James II

New practical observations in surgery, containing divers remarkable cases and cures, 1685 *London, Partridge* pp. 16-8, 64-6

Little is known about Ryder other than is contained in his book ('in the Year 65, and 66. He stood fair for St. Bartholomews-Hospital, but was undecently disappointed') and in scattered Admiralty records. His harsh yet apparently successful treatment of a 'naval lunatic' as such patients were later called, may be taken as representative of how psychiatric casualties were dealt with in the Forces at that time. A case of attempted suicide followed by recovery which he saw in civilian practice exemplifies the circumstances under which a surgeon met the insane aside from administering physical treatments such as shaving, bleeding, blistering and cupping on the order of a physician.

THE SURGEON AND THE LUNATIC

Mania

Being Surgeon of the Naval Hospital, when his Majesties Fleet was at Shotland, there was put on board us, by advice of the Surgeon General, from one of the Frigots, in order to his Cure (if possible) a distracted Person, most violently raving, and the maddest I ever yet beheld, breaking what ever cords he was tyed with. I that Afternoon had him by force of Men held down, and gave him a Glyster, which wrought well; the next Morning I bled him in the Arm, kept him to a cooling spare dyet, bled him next day in the Forehead, and imposed cupping glasses with Scarifications to the Neck and Shoulders; but all to no purpose, for he remained as mad still as before; wherefore I applied a Caustick on the Crown of his Head, and made a large Eschar, that being done, and for three days time there being no amendment, I was not willing to tarry for the casting off of the Eschar by digestion, which would have protracted time, but with my incision Knife I cut out the whole Eschar round to the Cranium, leaving it bare, and about midnight it was told me, the Madman has recovered his senses, and desired to speak with me; when I came to him, I so found it; for he gave me thanks, and exprest himself very joyfully, saying, he was perfectly well, and so remained from that time forward. I was unwilling to send him abroad again over-soon, but let the edges fill up, and kept it as a Fontinel with a large Pea in it for a mouth; afterwards took out the Pea and healed it, and sent him to his own Ship again; who near a twelve-

month after found me out in London, and returned me a thousand thanks for my great care of him.

A Womans Throat Cut

A Young Woman who had been at a Meeting-house . . . in a great discontent went home, and fell into such despair, that being melancholy by her self in her Chamber, with a Knife cut her Throat; the Wound was near six Inches in length and uneven. When the thing was done, being sent for, I was not in the way, but came about an hour or more after, where I found another Surgeon had been before me; I was very unwilling to meddle with it, but the Party her self making signs to me, that she would have me look on it, her friends and neighbours perswading me to it; I went about it, and perceived a large quantity of Tow sprinkled with some Astringent Powder cramm'd into the Wound, which I took out. The Wound look'd very dreadful, having cleansed it, I saw the Larynx was notcht in two or three places; for as she afterwards told me, she had made two or three cuts at it: Having brought the Lips of the Wound together with five stitches, and drest it with an Agglutinative Balsam; she spoke not for three days, but on the fourth, askt me if I thought she could live; I told her there was no fear of her death, if she would be but governed, for she was in a Feaver; wherefore I at first bled her, and kept her low, taking care she had every other day a Glyster; the Wound healed as well as one could wish, and in less than three Weeks she recovered.

SIR EDMUND KING (1629–1709)

MD Lambeth & Cantab., FRCP, FRS, physician to Charles II

1. *A relation of a petrified glandula pinealis, lately found in the dissection of a brain.* In: *Philosophical Transactions*, 1686-7 Vol. 16, pp. 228-231
2. Thomas Birch: *The history of the Royal Society of London*, 1757 *London, Millar* Vol. 4, pp. 502-3

King was an assiduous dissector and microscopist who, probably inspired by Thomas Willis [*q.v.*] had 'more than an hundred' dissections of the brain to his credit and this account of one is perhaps the earliest paper on neuropathology. Although in retrospect the condition is readily recognised as cerebral atrophy, the brain being 'shrunk about a third part', King's attention was centred on the state of the pineal gland since Descartes had pronounced it the seat of the soul and the patient's 'Rational faculties seemed to be quite lost . . . before he dyed'. It was in fact not realised until the nineteenth century that the pineal gland normally calcifies with advancing years, and observations on its condition, particularly the extent of calcification, continued for another 150 years to mislead searchers for a neuropathology of mental illness. That King was sidetracked into missing the obvious and essential features of this case illustrates how fashionable theories and preconceptions may dominate not only interpretation but actual observation of data. In the discussion, however, which followed his paper (published by Birch) Dr Edward Tyson [*q.v.*], Dr (later Sir) Hans Sloane (1660–1753), MD Orange, PRCP, PRS, and Sir Richard Bulkeley (1644–1710), MA Dublin, BA Oxon, FRS, MP, threw doubt on the pathological significance of King's findings in the pineal.

It is of interest in this connection that the first recorded postmortem examination of a patient in Bethlem Hospital which appeared ten years earlier published by Richard Wiseman (?1622–1676), sergeant-surgeon to Charles I, master of the Barber-Surgeons Company (*Several chirurgical treatises*, London, 1676, Book 1, p. 132) also concentrated on the state of the pineal gland: 'Doctour Walter Needham did tell me of one that in Bedlam was observed to sit upright with his back to a wall without speaking or opening his Eyes for many months, onely some odd mimicall gestures he used. Upon his death he was opened by order of Doctour Thomas Allen, Physician of the place. An oedematous Tumour was found to occupy all the upper part of the Cerebrum between it and the Pia mater, which descending by the posteriour parts of it did possess the entrance into the two Ventricles, the Glandula pinealis it self being turned into a Bladder of water'. There is insufficient detail for a diagnosis except that the patient was in stupor for many months and the pineal lesion could hardly have played a significant part.

Mr. Robert Bacon, Master of Arts . . . a Pious Learned Man, above 75 Years of Age . . . was Sanguine, and chearful in his natural Temper.

About 12 Years since, his Friends observed that at his return home from walking, he would bend double to his right Side, insomuch that he would be ready to fall, and has been brought home in Coaches and Sedans, yet was always temperate, and never observed to be disordered with Drink in his Life.

He would often say, that he feared Fatuity, or Distraction, and would pray that God would keep him in his right Mind. His Appetite to all sorts of Food in his latter Years inclined to Canine, and his Thirst very great. He often complained of pain in his Bowels. He was always desirous to have his Head rubb'd many times in the day, and this too was of late Years. His urine of late Years, and Excrement came away always involuntary at Bed, Board, &c. of which he did not seem at all to be sensible. Of late he would always hang down his Head in a prone sleeping Posture; and his Head was very hot: he did sweat very much every night, and wet his Linnen extraordinarily.

And in the whole his rational Faculties seemed to be quite lost, for a great while before he dyed; for he would usually take up Tongues, Fire-shovel, Brooms (many times alltogether) to walk by, though he had a Staff of his own; he would also hale the Chairs about the House and up the Stairs, and grasp at any thing with his hands; he would often tumble on the ground, and seldome rise without help; he did rather creep along by Walls and Chairs than go, though formerly he went very upright; of late it was 2 or 3 Folks Work to support him to his Bed; he would put 2 or 3 Hatts at a time upon his Head like an Antick, he would many times strike those that attended him, yet at Intervals would say to his Daughter, *Pray thee be reconciled to me*, or words to that Effect.

I hearing of these things before this Gentleman dyed, desired that I might open his Head, and examine the Brain to see what I could find or observe therein extraordinary, that might occasion so great a Change as was in him some Years before his Death. He dyed of a Feaver, November the 4th. 1686, about 6 in the Evening . . . The Head being opened, The Dura Mater extreamly hard, thin and white, a slender Imbroydery of Vessels. The Pia Mater all full of seeming turgid Glands, and a great distention of Lymphaeducts full of coagulated Lympha. The substance of the Brain loose and shrunk, very white, very little of the cineritious Colour to be seen. The Corpus Callosum very flaccid more than ordinary. The whole Body of the Brain was shrunk about a third part. Between the two Meninges of the Brain, was near a pint of extravasated Serum, that must needs oppress the Brain very much. The Ventricles of the Brain full of Serum. The Plexus Choroides extreamly large, in length as well as breadth and thickness. The Nates and Testes very small, and shrunk. The Thalami

Nervorum Opticorum plump and fair. The Corpora Striata large and fair, full of large Striae as I have seen.

The Glandula Pinealis firm and fair, well colour'd to look on, of the exact Figure, and ordinary sise: Feeling of it, and finding it harder than ordinary (and talking to a Gentleman then present of Des Cartes his Opinion, that it was the Seat of the Soul) I prest it, and found in it a Stone in a film, or rather a petrified Gland in a film; I took out the Stone, and kept it as a great Raritie; I do not remember I ever heard of such a thing before, I am sure of all the Brains I have dissected (and I may say I have dissected more than an hundred) I never saw such a one . . . The other parts of the Brain unmentioned had nothing remarkable, nor have I time now to Philosophise upon the Remarques to be made upon the above-named Observations . . . Thus having told you Matter of Fact, attested by his own Relations, (who were Eye Witnesses of it) I leave these my Observations upon the Dissection of his Body to the Consideration of the more Curious and Inquisitive.

Dr. Tyson and Dr. Sloane asserted, that the petrification of the *glandula pinealis* was not a very extraordinary case; and that there were several instances of this accident in authors; and among others in Dr. Regner de Graaf *De succo pancreatico*; but that the like stupidity with that mentioned by Sir Edmund King was not found in those cases. Dr. Tyson observed, that in the head of a madman, who died in the hospital of Bedlam, he had found two or three small bladders of water. Sir Richard Bulkeley said, that he had been informed of a gentleman at Cambridge, a good poet and mathematician, who, after his death was found to have no part of his brain sound, but all wasted away to a small matter, and like a lump of putrefaction; and that when alive he had no other symptom than that he could not endure the heat of the sun on his head.

RICHARD MORTON (1637–1698)

MD Oxon & Cantab., FRCP, physician to James II; formerly chaplain of New College, Oxford, and vicar of Kinver, Staffordshire

Phthisiologia, seu exercitationes de phthisi tribus libris comprehensæ. Totumque opus variis historiis illustratum, 1689. Translated as *Phthisiologia; or, a treatise of consumptions*, 1694 *London, Smith & Walford* pp. 4-5, 8-9

Morton's most important contribution to medicine was this collection of cases of phthisis, the term being used in its original sense of wasting. Many of the patients described suffered from tuberculosis among the causes of which Morton numbered 'Grief, Fear, Cares, too much Thinking, and other such-like Passions of the Mind'. It was common in the seventeenth century to attribute to the passions many organic diseases, especially chronic, the pathology of which was not understood; hence the concept of psychosomatic disease was much wider than it is today. Yet it would be mistaken to assume that physicians were more interested in matters of the mind. They thought rather in terms of the bodily effects of the passions or affections of the mind, such as fainting from shock, trembling with fear, rush of blood to the head in anger and rage, and so on, much in the same psychologically non-specific way as stress and tension are used today. As 'Nervous Consumption' Morton described a condition which after Sir William Gull (1868) and E. C. Lasègue (1873) became known as *anorexia nervosa*, and had been described before as 'Prodigious Abstinence' for instance by Reynolds (1669) [see FIG. 46] but Morton was the first who noted the characteristic triad of loss of appetite, amenorrhoea and extreme wasting without lassitude and in the absence of 'Distemper of the Lungs, or of any other Entrail'. The case of a male patient with anorexia nervosa was published by Robert Willan (1757–1812), LRCP, FRS, physician and dermatologist of London under the title *A remarkable case of abstinence* (*Medical Communications*, 1790, vol. 2, pp. 113-21). He was a young man 'of a studious and melancholic turn of mind' who as a result of 'pains in the stomach, and a constant sensation of heat internally' as well as 'some mistaken notions in religion' embarked on 'a severe course of abstinence' lasting sixty days. During this time he took only sips of water and 'indulged his imagination with the prospect of some great event, which he expected would follow'. He occupied himself by attempting 'to copy the bible in short-hand . . . with short arguments prefixed to each chapter'. Willan found him 'emaciated to a most astonishing degree . . . a most ghastly appearance' suggesting 'the idea of a skeleton, prepared by drying the muscles upon it'. He died 'quite exhausted' after a short delirium. 'The duration of this young gentleman's fast is, I believe', wrote Willan 'longer than any recorded in the annals of Physic. He could scarcely have been supported through it, except from an enthusiastic turn of mind, nearly bordering on insanity' – by which he placed it in exactly the nosological position anorexia nervosa occupies today.

A Nervous Atrophy, or Consumption is a wasting of the Body without any remarkable Fever, Cough, or shortness of Breath; but it is attended with a want of Appetite, and a bad Digestion, upon which there follows a Languishing Weakness of Nature, and a falling away of the Flesh every day more and more . . . The immediate cause of this Distemper I apprehend to be in the System of the Nerves proceeding from a Preternatural state of the Animal Spirits, and the destruction of the Tone of the Nerves; whereupon I have used to call this a Consumption in the Habit of the Body . . . The Causes which dispose the Patient to this Disease, I have for the most part observed to be violent Passions of the Mind, the intemperate drinking of Spirituous Liquors, and an unwholsom Air, by which it is no wonder if the Tone of the Nerves, and the Temper of the Spirits are destroy'd. This Distemper as most other Nervous Diseases is Chronical, but very hard to be cured, unless a Physician be called at the beginning of it. At first it flatters and deceives the Patient, for which reason it happens for the most part that the Physician is consulted too late . . .

Mr. Duke's Daughter in St. Mary Axe, in . . . 1684. and the Eighteenth Year of her Age, in the Month of July fell into a total suppression of her Monthly Courses from a multitude of Cares and Passions of her Mind, but without any Symptom of the Green-Sickness following upon it. From which time her Appetite began to abate, and her Digestion to be bad; her Flesh also began to be flaccid and loose, and her looks pale, with other Symptoms usual in an Universal Consumption of the Habit of the Body, and by the extream and memorable cold Weather which happened the Winter following, this Consumption did seem to be not a little improved; for that she was wont by her studying at Night, and continual poring upon Books, to expose her self both Day and Night to the injuries of the Air, which was at that time extreamly cold, not without some manifest Prejudice to the System of her Nerves. The Spring following, by the Prescription of some Emperick, she took a Vomit, and after that I know not what Steel Medicines, but without any Advantage. So from that time loathing all sorts of Medicaments, she wholly neglected the care of her self for two full Years, till at last being brought to the last degree of a Marasmus, or Consumption, and thereupon subject to frequent Fainting Fits, she apply'd her self to me for Advice.

I do not remember that I did ever in all my Practice see one, that was conversant with the Living so much wasted with the greatest degree of a Consumption, (like a Skeleton only clad with skin) yet there was no Fever, but on the contrary a coldness of the whole Body; no Cough, or difficulty of Breathing, nor an appearance of any other Distemper of the Lungs, or of any other Entrail: No Loosness, or any other sign of a Colliquation, or Preternatural expence of the Nutritious Juices. Only her Appetite was diminished, and her Digestion uneasie, with Fainting Fits, which did

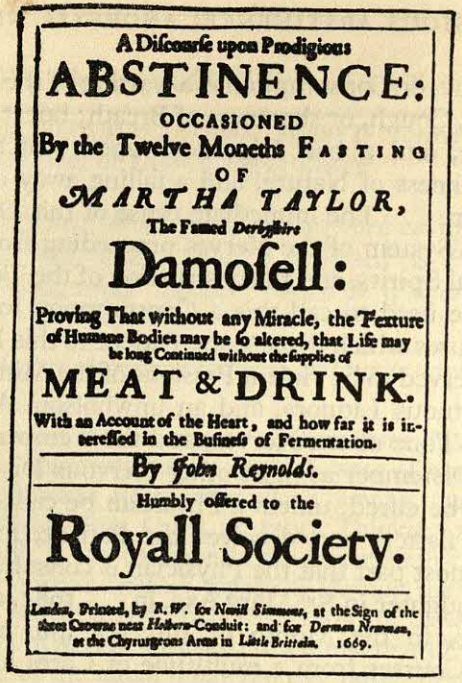

A Diſcourſe upon Prodigious
ABSTINENCE:
OCCASIONED
By the Twelve Moneths FASTING
OF
MARTHA TAYLOR,
The Famed Derbyſhire
Damoſell:
Proving That without any Miracle, the Texture of Humane Bodies may be ſo altered, that Life may be long Continued without the ſupplies of
MEAT & DRINK.
With an Account of the Heart, and how far it is intereſſed in the Buſineſs of Fermentation.
By John Reynolds.
Humbly offered to the
Royall Society.
London, Printed, by R. W. for Nevill Simmons, at the Sign of the three Crowns near Holborn-Conduit: and for Darmen Newman, at the Chyrurgeons Arms in Little Britain. 1669.

FIG. 46 Title-page of John Reynolds' *Discourse upon prodigious abstinence*, 1669, the first separate account of a case of what two hundred years later became known as *anorexia nervosa*.

frequently return upon her. Which Symptoms I did endeavour to relieve by the outward application of Aromatick Bags made to the Region of the Stomack, and by Stomack-Plaisters, as also by the internal use of bitter Medicines, Chalybeates, and Juleps made of Cephalick and Antihysterick Waters, sufficiently impregnated with Spirit of Salt Armoniack, and Tincture of Castor, and other things of that Nature. Upon the use of which she seemed to be much better, but being quickly tired with Medicines, she beg'd that the whole Affair might be committed again to Nature, whereupon consuming every day more and more, she was after three Months taken with a Fainting Fit, and dyed.

THOMAS TRYON (1634–1703)

Merchant of London, 'student in physick', writer on philosophical, social, religious and medical subjects.

A treatise of dreams & visions . . . To which is added, a dicourse of the causes, natures and cure of phrensie, madness or distraction. By Philotheos Physiologus, [1689 *London, Sowle*] pp. 249-52, 258-60, 267-8, 288-93

A second edition 1695

Through much of the history of psychiatry recognition of the importance of psychological factors in mental illness came more from enlightened outsiders than from within the profession. Of these Tryon was an outstanding example. Not content with the old doctrine of the passions he attempted a psychological explanation on a model of psychosis similar to modern theories which use terms such as breakdown of ego function and reality testing. He criticised current physical methods of treatment especially by 'Blood-letting', 'sleepy-fying things' and 'stupifactive Medicines' – the forerunners of the sedatives and tranquillizers of today. Not until Battie (1758) was a professional voice raised against this traditional approach to mental illness. Tryon was also the first who condemned the practice of exposing the insane at Bethlem Hospital to public view, forty years before Defoe denounced it and almost a century before it was actually abolished. The profit to Bethlem from what was a popular London amusement was incidentally not as Tryon thought 'paltry' but brought the respectable yearly revenue of £400, which though not a condonation is at least an explanation for the persistence of this abuse.

SEVERAL OBSERVABLES ABOUT MADNESS

There being an Affinity or Analogy between Dreams and Madness, so that the understanding of one will somewhat illustrate the other; for Madness seems to be a Watching or Waking Dream; I have therefore thought it might not be unfit to subjoyn here certain Considerations touching Phrensie and Distraction, its Causes, Nature and Effects; the rather because the same has very barrenly been handled, as far as I can learn, by those that have undertaken to treat thereof. I shall not insist upon the several sorts reckoned up by Authors . . . As all those, and others, varying in Symptoms, are but several Species of Distraction, so though Galen having constituted four Humors in the Body, & laid it down for a Principle, that from the excess of some, or one of them, all Diseases do proceed, and consequently, was bound to assign these as causes for such Distempers; yet more narrow Searchers into the Mysteries of Nature, have long since discarded that Doctrine, which seems to consist meerly in Forms and Words, rather than Realities, and do conclude that most Diseases arise,

either from Irregular passions of the Mind, or poysonous ferments, occasioned by ill Dyet, or improper Physick in the Body. The truth is, Madness and Phrensie do generally, and for the most part (for some other few particular causes we shall give an account of by and by) arise and proceed from various Passions and extream Inclinations, as Love, Hate, Grief, Covetousness, Dispair, and the like, which do . . . break forth, violate and destroy the five inward Senses of the Soul, whence the outward Senses do arise; So that the Soul loseth its distinguishing property, and then the Imaginative property and Soul's Power becomes rampant, unbounded, or as it were without a Guide, and consequently such a Soul is unchain'd, or set at liberty from the dark Confinements of the grosser Senses and Reason, even as men in Dreams . . .

Now when the five inward senses of the Soul are weakened or destroyed, then they can no longer present before the Judge the Thoughts, Imaginations or Conceptions, but they are all formed into words as fast as they are generated, there being no controul or room for Judgment to censure what are fit, and what are unfit to be coyn'd into Expressions: For this cause Mad People, and innocent Children, do speak forth whatever ariseth in their Phantasies; but on the contrary, all those that attain to Maturity of Years, and the knowledge of good and evil, their inward Senses of the Soul being unviolated, especially such as adhere to the counsel of the Voice of Wisdom, they let no Conception or Imagination be formed into words before it be presented by the five Counsellors of the Soul, before the Judge, which keeps its Court, and Seat of Justice, in the Center of Life; for if this were not more or less observed, would not every man in the world seem to be Mad, or Distracted? For what wild, incoherent, absurd, ridiculous notions should we hear from the most serious people, if they should continually Speak, and form into words the various Imaginations, and Conceptions that do continually arise . . . for never hath any man ceased from Imaginations one quarter an hour in his whole Life, or indeed one moment, no, not even when the Body & Sences are asleep . . .

As for the Species of Madness they are as various as men are in their Complexions; for according to what Principle and property, whether good or evil, does govern the Life, in the time of their retaining their Reason and Senses, such a property does more clearly manifest it self when the Reason and Senses are broken to pieces; for this cause, some who have seemed very Religious, and soberly inclined, as long as they retain'd their Senses and outward Reason, as soon as they become deprived thereof, the bitter envious fierce wrathful proud Spirit appears in its own form, and has its operation without let or hindrance.

STUPIFACTIVE MEDICINES

As to the Cure of Madness in general, the Schools commonly prescribe Blood-letting, and Sleep procuring Medicines, but with how much success daily experience witnesseth, they mistake the Cause, and therefore blindly

combat with the Effect; and for the latter, let such as intend to cure Distractions by sleepyfying things, take notice that stupifactive Medicines do scarce procure sleep unto mad persons by a four-fold Dose; and when all is done, they increase the Madness; for Madness is nothing but an Erring Sleepifying Power, because every Madman dreameth waking; and therefore Stupefactive Dreams are thereby added unto doting Dreams in waking, and so the mind more disturbed then before. Therefore undoubtedly, the healing Character in a Madman, presupposes a restoring of the hurt reason, and a correction of the Poyson by its Antidote, but not another stupefactive Poyson to be added unto it. And as Stupifying Medicines are of little value, but rather prejudicial, so, much more mischievous is too much Company, and prating, and especially, the Teazing of such distempered People with unnecessary Questions; on which score, as I must acknowledge that Gallant Structure of New Bethlam to be one of the Prime Ornaments of the City of London, and a Noble Monument of Charity, so I would with all Humility beg the Honorable and worthy Governours thereof, that they would be pleased to use some Effectual means, for restraining their inferior Officers, from admitting such Swarms of People, of all Ages and Degrees, for only a little paltry Profit to come in there, and with their noise, and vain questions to disturb the poor Souls; as especially such, as do Resort thither on Holy-dayes, and such spare time, when for several hours (almost all day long) they can never be at any quiet, for those importunate Visitants, whence manifold great inconveniences do arise. For,

First, Tis a very Undecent, Inhumane thing to make, as it were, a Show of those Unhappy Objects of Charity committed to their Care, (by exposing them, and naked too perhapes of either Sexs) to the Idle Curiosity of every vain Boy, petulant Wench, or Drunken Companion, going along from one Apartment to the other, and Crying out; This Woman is in for Love; That Man for Jealousie. He has Over-studied himself, and the Like.

Secondly, This staring Rabble seldom fail of asking more then an hundred impertinent Questions. – As, what are you here for ? How Long have you been here, &c. which most times enrages the Distracted person, tho calm and quiet before, and then the poor Creature falls a Raving . . .

Thirdly, As long as such Disturbances are suffered, there is little Hope that any Cure or Medicine should do them good to reduce them to their Senses or right Minds, as we call it, and so the very Principle end of the House is defeated. Certainly the most hopeful means towards their Recovery would be to keep them with a Clean Spare Diet, and as quiet as may be, and to let none come at them but their particular Friends, Grave sober People and such as they have a kindness for, and those to, not alwayes, but only at proper times, whereby discoursing with them in their Lused Intervals Gravely, Soberly, and Discreetly, and humouring them in little things, shall do much more, I am Confident, toward their Cure, then most of the Medicines that are commonly Administred.

JOHN LOCKE (1632–1704)

MA, MB Oxon, FRS, philosopher, diplomatist and physician

1. *An essay concerning humane understanding*, 1690 *London, Basset* pp. 37, 43, 68, 71

2. *The same*, fourth edition, 1700 *London, Churchill & Manship* pp. 221-4

Locke attempted to put psychology on a scientific basis by 'clearing the Ground a little, and removing some of the Rubbish, that lies in the way of Knowledge' of man's mind. Three extracts are chosen characteristic of his influence on the study also of the sick mind. First, in support of his thesis that man may understand his own mind on a purely natural basis Locke set out to show that there were 'no innate Principles', mental development starting *de novo* in every individual. In the course of his argument he denied that there were mental processes of which one was not aware. Indirectly therefore and contrary to his endeavour in this instance he retarded psychological advance by denying the possibility of unconscious mentation. His challenge 'Can another man perceive, that I am conscious of any thing, when I perceive it not my self?' had to be answered in the affirmative, as it was by Freud, before psychotherapy – the process by which one person can help another to understand himself better – could begin to develop.

The second extract gives Locke's classical distinction between the mental processes of 'Idiots' and those of 'mad Men', the germs of which are found in Bright (1586) and which is still quoted particularly in definitions of insanity and in medico-legal texts.

In the chapter 'Of Association of Ideas' which first appeared in the fourth edition from which the third extract is taken, Locke continued where Hobbes had left off and showed that feelings as well as ideas were associated and aroused in the same way. Recognition of this fact has given psychotherapy one of its important tools. Locke explained by it how a person might react emotionally to a certain situation without necessarily knowing why and in this foresaw the mechanism Freud called transference. As a 'strong Combination of Ideas, not ally'd by Nature . . . the whole gang always inseparable shew themselves together' Locke anticipated also the psychological 'complexes' which have dominated psychopathology in modern times. The bearing of these ideas on the bringing-up of children he developed separately in *Some thoughts concerning education*, 1693.

To suppose the Soul to think, and the Man not perceive it, is, as has been said, to make two persons in one man: And if one consider well these mens way of speaking, one shall be lead in to a suspicion, that they do so. For they who tell us, that the Soul always thinks, do never, that I remember, say, That a man always thinks. Can the Soul think, and not the Man? Or a Man think, and not be conscious of it? This, perhaps, would be suspected of *Jargon* in others. If they say, The man thinks always, but is not always conscious of it; they may as well say, His Body is extended, without having parts. For 'tis altogether as intelligible to say, that anything is extended without parts, as that any thing *thinks, without being conscious of it*; without perceiving, that it does so. They who talk thus, may, with as much reason, if it be necessary to their Hypothesis, say, That a man is always hungry, but that he does not always feel it: Whereas hunger consists in that very sensation, as thinking consists in being conscious that one thinks. If they say, That a man is always conscious to himself of thinking; I ask, How they know it? Consciousness is the perception of what passes in a man's own mind. Can another man perceive, that I am conscious of any thing, when I perceive it not my self? No man's knowledge here, can go beyond his Experience.

DISTINCTION BETWEEN IDIOTS AND MADMEN

How far *Idiots* are concerned in the want or weakness of any, or all of the foregoing Faculties, an exact observation of their several ways of faltering, would no doubt discover. For those who either perceive but dully, or retain the Ideas that come into their Minds, but ill, who cannot readily excite or compound them, will have little matter to think on. Those who cannot distinguish, compare, and abstract, would hardly be able to understand, and make use of Language, or judge, or reason to any tolerable degree; but only a little, and imperfectly, about things present, and very familiar to their Senses. And indeed, any of the forementioned Faculties, if wanting, or out of order, produce suitable defects in Mens Understanding and Knowledge.

In fine, The defect in *Naturals*, seems to proceed from want of quickness, activity, and motion, in the intellectual Faculties, whereby they are deprived of Reason: whereas *mad Men*, on the other side, seem to suffer by the other Extream. For they do not appear to me to have lost the Faculty of Reasoning: but having joined together some *Ideas* very wrongly, they mistake them for Truths; and they err, as Men do, that argue right from wrong Principles. For by the violence of their Imaginations, having taken their Fansies for Realities, they make right deduction from them. Thus you shall find a distracted Man phansying himself a King, with a right inference, requires suitable Attendance, Respect and Obedience:

Others who have thought themselves made of glass, have used the caution necessary to preserve such brittle Bodies. Hence it comes to pass, that a Man, who is very sober, and of a right Understanding in all other things, may in one particular, be as frantick as any in *Bedlam*; if either by any sudden very strong impression, or long fixing his Fancy upon one sort of Thoughts, incoherent *Ideas* have been cemented together so powerfully, as to remain united. But there are degrees of Madness, as of Folly; the disorderly jumbling Ideas together, is in some more, and some less. In short, herein seems to lie the difference between Idiots and mad Men, That mad Men put wrong Ideas together, and so make wrong Propositions, but argue and reason right from them: But Idiots make very few or no Propositions, but argue and reason scarce at all.

ASSOCIATION OF IDEAS AND PSYCHOLOGICAL COMPLEXES

Some of our Ideas have a natural Correspondence and Connexion one with another: It is the Office and Excellency of our Reason to trace these, and hold them together in that Union and Correspondence which is founded in their peculiar Beings. Besides this there is another Connexion of *Ideas* wholly owing to Chance or Custom, Ideas that in themselves are not at all of kin, come to be so united in some Mens Minds, that 'tis very hard to separate them, they always keep in company, and the one no sooner at any time comes into the Understanding but its Associate appears with it; and if they are more than two which are thus united, the whole gang always inseparable shew themselves together. This strong Combination of Ideas not ally'd by Nature, the Mind makes in it self either voluntarily, or by chance, and hence it comes in different Men to be very different, according to their different Inclinations, Educations, Interests, &c . . . That there are such Associations of them made by Custom in the Minds of most Men, I think no Body will question who has well consider'd himself or others; and to this, perhaps, might be justly attributed most of the Sympathies and Antipathies observable in Men, which work as strongly, and produce as regular Effects as if they were Natural, and are therefore called so, though they at first had no other Original but the accidental Connexion of two *Ideas*, which either the strength of the first Impression, or future Indulgence so united, that they always afterwards kept company together in that Man's Mind, as if they were but one Idea. I say most of the Antipathies, I do not say all, for some of them are truly Natural, depend upon our original Constitution, and are born with us . . . I mention this not out of any great necessity there is in this present Argument, to distinguish nicely between Natural and Acquired Antipathies, but I take notice of it for another purpose (viz.) that those who have Children, or the charge of their Education, would think it worth their while diligently to watch, and carefully to prevent the undue Connexion of *Ideas* in the Minds of young People. This is the time

most susceptible of lasting Impressions, and though those relating to the Health of the Body, are by discreet People minded and fenced against, yet I am apt to doubt, that those which relate more peculiarly to the Mind, and terminate in the Understanding, or Passions, have been much less heeded than the thing deserves, nay those relating purely to the Understanding have, as I suspect, been by most Men wholly over-look'd.

This wrong Connexion in our Minds of Ideas in themselves, loose and independent one of another has such an influence, and is of so great force to set us awry in our Actions, as well Moral as Natural, Passions, Reasonings, and Notions themselves, that, perhaps, there is not any one thing that deserves more to be looked after . . . The *Ideas* of *Goblines* and *Sprights* have really no more to do with Darkness than Light, yet let but a foolish Maid inculcate these often on the Mind of a Child, and raise them there together, possibly he shall never be able to separate them again so long as he lives, but Darkness shall ever afterwards bring with it those frightful Ideas, and they shall be so joined that he can no more bear the one than the other . . . A Man receives a sensible Injury from another, thinks on the Man and that Action over and over, and by ruminating on them strongly, or much in his Mind so cements those two Ideas together, that he makes them almost one; never thinks on the Man, but the Pain and Displeasure he suffered comes into his Mind with it, so that he scarce distinguishes them, but has as much an aversion for the one as the other. Thus Hatreds are often begotten from slight and almost innocent Occasions, and Quarrels propagated and continued in the World . . . When this Combination is settled and whilst it lasts, it is not in the power of Reason to help us, and relieve us from the Effects of it. Ideas in our Minds, when they are there, will operate according to their Natures and Circumstances; and here we see the cause why Time cures certain Affections, which Reason, though in the right, and allow'd to be so, has not power over, nor is able against them to prevail with those who are apt to hearken to it in other cases.

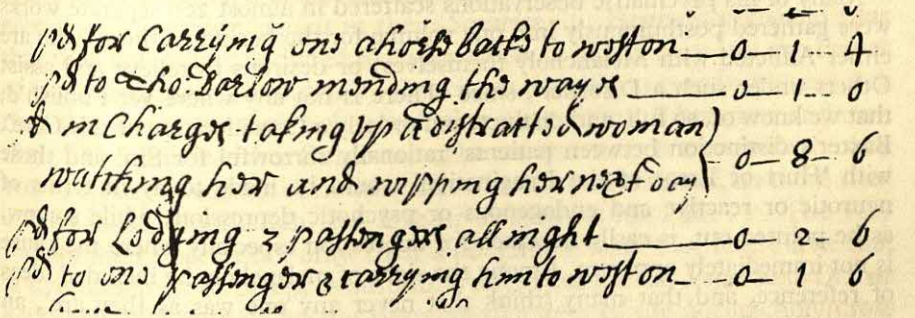


FIG. 47 Parish constable's account book showing charges of 8/6 for 'taking up a distracted woman watching her and wipping her next day', 1690/1 (*Parish Records, Great Staughton*, Huntingdonshire).

RICHARD BAXTER (1615–1691)

Nonconformist divine and author

The signs and causes of melancholy. With directions suited to the case of those who are afflicted with it. Collected out of the works of Mr. Richard Baxter, for the sake of those, who are wounded in spirit. By Samuel Clifford, minister of the Gospel, 1716 *London, Cruttenden & Cox* (pp. xlvii + 128) pp. 5-19, 120-2, 125-7

Baxter recorded in his autobiography (*Reliquiæ Baxterianæ . . . published . . . by Matthew Sylvester,* 1696) that like many clergymen of his time he was in the early years of his ministry 'forced . . . by the Peoples Necessity to practise Physick . . . no Physician being near'. Later when he had become famous for his wisdom he was 'troubled . . . with multitudes of melancholly Persons, from several Parts of the Land . . . I know not how it came to pass, but if men fell melancholly I must hear from them or see them (more than any Physician that I know)'. From this experience he formulated 'Three Counsels' which seemed to him of special importance in the prevention of mental illness: '1. That we must very much take heed lest we ascribe Melancholy Phantasms and Passions to God's Spirit'; '2. I would warn all young Persons to live modestly, and keep at a sufficient distance from Objects that tempt them to carnal Lust . . . For I can tell them by the sad Experience of many, that venerous Crimes leave deep wounds in the Conscience; and that those that were never guilty of Fornication, are oft cast into long and lamentable Troubles, by letting Satan once into their Phantasies . . . especially when they are guilty of voluntary active Self-pollution'; '3. I advise all . . . to take heed of placing Religion too much in Fears, and Tears, and Scruples'.

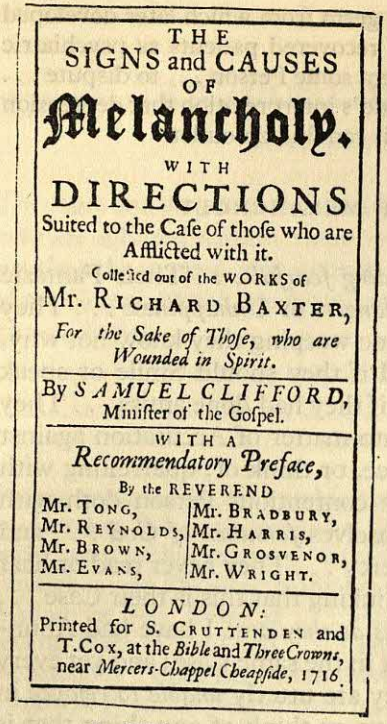
Many of his psychiatric observations scattered in almost 200 separate works were gathered posthumously into one volume for the benefit of those 'who are either Afflicted with Melancholy themselves; or desirous to relieve and assist Others under such a Disorder', since 'There is not any where yet Publish'd, that we know of, so full, and distinct, and orderly a Consideration of this Case'. Baxter's distinction between patients 'rationally sorrowful for Sin' and those with 'Hurt or Error of the Imagination' would be made today in terms of neurotic or reactive and endogenous or psychotic depression; while sorrow, as he pointed out, is easily mistaken for depression especially where the cause is not immediately apparent. Among the signs of melancholy he included ideas of reference, and that many 'think that never any one was as they are', an expression of patients' distress with which every psychiatrist is familiar. His cardinal rule for treatment was to 'put them in a Pleased condition' – the reverse of medical treatment which consisted essentially in administering discomfort, pain and shock. His idea that patients might comfort 'others, that are

in deeper Distresses than themselves' was the germ from which later developed group therapy as well as the employment of recovered patients as psychiatric aides; and the 'pretty Diversion to send to them some Person . . . to dispute . . . with them' might be explained in terms of Freud's interpretation that depression is anger turned inwards and is relieved when it can find an outlet.

THE SIGNS AND CURE OF MELANCHOLY

Melancholy Persons are commonly *exceeding fearful* . . . Their Fantasie most erreth in aggravating their *Sin*, or *Dangers* or *Unhappiness* . . . They are still addicted to Excess of *Sadness*, some weeping they know not why, and some thinking it *ought* to be so; and if they should Smile or speak merrily, their Hearts smite them for it, as if they had done amiss . . . They are continual *Self-Accusers*, turning all into matter of Accusation against themselves, which they hear or read, or see, or think of; quarrelling with themselves for every thing they do, as a contentious Person doth with others. They are still apprehending themselves *forsaken of God* . . . and that it is now too late to repent or find Mercy . . . They never read or hear of any miserable Instance, but they are thinking that this is their Case . . . And yet they think that *never any one was as they are*: I have had Abundance in a few Weeks with me, almost just in the same Case; and yet every one saith, *never any one was as they*. They are utterly *unable to rejoyce* in anything: They cannot apprehend, believe or think of any thing that is comfortable to them . . . They are still *displeased* and *discontented with themselves*; just as a peevish froward Person is apt to be with others . . . and suspicious of every Body that they see whispering . . . They are much *averse* to the *Labours* of their Callings, and given to Idleness, either to lie in Beds, or to sit unprofitably by themselves. Their Thoughts are *most upon themselves*, like the Mill-stones that grind on themselves when they have no Grist; so one Thought begets another. Their Thoughts are taken up about their Thoughts; when they have thought irregularly, they think again what they have been thinking on . . . Their Thoughts are all *perplexed* . . . They are *endless* in their *Scruples* . . . Hence it comes to pass that they are greatly addicted to *Superstition* . . . They have lost the Power of *Governing* their Thoughts by *Reason*; so that if you convince them that they *should* cast out their Self-perplexing unprofitable Thoughts, and turn their Thoughts to other Subjects, or be vacant, they are *not able* to obey you . . . They *can* think of nothing but what they *do* think of, no more than a Man in the Tooth-Ach, can forbear to think of his Pain . . . The very Pain of their Fears, doth draw their Thoughts to what they fear. As he that is over desirous to Sleep, is sure to Wake; because his *Fears* and *Desires* keep him Waking: So do the Fears and Desires of the Melancholy cross themselves . . .

A great part of their Cure lieth in pleasing them, and avoiding all displeasing Things, as far as lawfully can be done . . . If you know any lawful



THE
SIGNS and CAUSES
OF
Melancholy.
WITH
DIRECTIONS
Suited to the Case of those who are Afflicted with it.
Collected out of the WORKS of
Mr. RICHARD BAXTER,
For the Sake of Those, who are Wounded in Spirit.
By *SAMUEL CLIFFORD*,
Minister of the Gospel.
WITH A
Recommendatory Preface,
By the REVEREND
Mr. TONG, Mr. BRADBURY,
Mr. REYNOLDS, Mr. HARRIS,
Mr. BROWN, Mr. GROSVENOR,
Mr. EVANS, Mr. WRIGHT.
LONDON:
Printed for S. CRUTTENDEN and T. COX, at the *Bible* and *Three Crowns*, near *Mercers-Chappel Cheapside*, 1716.

FIG. 48 Title-page of Samuel Clifford's *Signs and causes of melancholy . . . Collected out of the works of Mr. Richard Baxter*, 1716.



THE
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CHAP. I.
The Nature of Melancholy.
CHAP. II.
The Signs of Melancholy.
CHAP. III.
The Causes of Melancholy.
CHAP. IV.
Directions to the Melancholy.
CHAP. V.
Directions to those who are concerned in the Care of Melancholy Persons.

FIG. 49 Contents page from the same.

thing that will please them in Speech, in Company, in Apparel, in Rooms, in Attendance, give it them. If you know at what they are displeased, remove it. I speak not of the distracted who must be mastered by Force, but of the sad and Melancholy: Could you put them in a pleased Condition you might Cure them.

As much as you can, divert them from the Thoughts which are their Trouble; keep them on some other Talk or Business; break in upon them, and interrupt their Musings; raise them out of it, but with loving Importunity: Suffer them not to be long alone, get fit Company to them, or them to it; especially suffer them not to be Idle, but drive or draw them to some pleasing Work, which may stir the Body and employ the Thoughts . . . It's an useful way if you can, to engage them in comforting others, that are in deeper Distresses than themselves: For this will tell them, that their Case is not singular, and they will speak to themselves, while they speak to others.

And it would be a pretty Diversion to send to them some Person that is in some Error, which they are most against, to dispute it with them,

that while they confute their Wits to convince them and confute them, it may turn their Thoughts from their own Distress. Forestus tells us, that a Melancholy Patient of his, who was a Papist, was Cured when the Reformation came into that Country, by eager and oft disputing against it. A better Cause may better do it.

If other means will not do, neglect not Physick; and tho' they will be averse to it, as believing that the Disease is only in the Mind, and that Physick cannot Cure Souls, yet they must be perswaded or forced to it. The Soul and Body are wonderful Copartners in their Diseases and Cure, yet when experience telleth us, that it doth it, we have Reason to use such means. I have known a Lady deep in Melancholy, who a long time would neither speak, nor take Physick; nor endure her Husband to go out of the Room; and with the Restraint and Grief he Died, and she was Cured by Physick put down her Throat, with a Pipe by Force.

ROBERT BOYLE (1627–1691)

MD Oxon, FRS, natural philosopher

1. *The Christian virtuoso. The second part.* In: *The works of the Honourable Robert Boyle,* edited by T. Birch *London, Millar,* 1744 Vol. 5, p. 708
2. *Experimenta & observationes physicæ: wherein are briefly treated of several subjects relating to natural philosophy in an experimental way. To which is added, a small collection of strange reports,* 1691 *London, Taylor & Wyat* pp. 73-7
3. *Letter from Sir William Petty to Robert Boyle, Dublin 15 April 1653.* In: *The works of the Honourable Robert Boyle,* edited by T. Birch *London, Millar,* 1744 Vol. 5, pp. 297-8

It is little known that Boyle, chemist and physicist with whose law of gaseous elasticity every schoolboy is familiar, devoted an appreciable part of his writings to matters medical. He seems to have been particularly attracted by psychological curiosities like Hollier's patient who 'had lost the sense of feeling' and was cured by Harvey [see p. 130], and by Greatraks' [see p. 178] stroking cures. In the first short extract he recommended introspection which as 'analysis of the mind' became a method of psychological research in the eighteenth century (Thomas Reid 1764) and the starting point of 'psycho-analysis' when at the turn of the nineteenth century Freud 'reflectingly' took note of what passed within his own mind. The second extract contains two cases reported by Boyle to demonstrate the power of 'Violent Passions' or emotional shock in causing and curing psychological ills. The first was that of a woman who developed a 'hysterical paralysis' following an accident to a favourite child; the other, the cure of 'a Sciatica' by a 'Fright' is unmistakably autobiographical. Boyle, a life-long hypochondriac, recorded elsewhere how he had been deprived of the use of his 'Hands and Feet for many Months' during the Civil War in Ireland at about the time of this incident (*Medicinal experiments,* 1693. Smith & Walford. Second edition, vol. 2, p. A6a) and needless to say 'liv'd to be an Eminent Virtuoso'.

In the third extract Boyle appears not as an author and observer of psychiatric phenomena but as a patient receiving advice from his physician about his hypochondriacal tendencies particularly his readiness to imagine he had a serious disease. The physician was Sir William Petty (1623-1687), MD Oxon, founder member of the Royal Society, Physician General to the Army in Ireland, better known as political economist (he assisted John Graunt [see p. 166] in his study of the Bills of Mortality). He diagnosed Boyle's trouble as an 'apprehension of many diseases' rather than the presence of any single one, and astutely observed what every medical student has experienced and to which he admitted he had

himself been no exception, namely that 'this distemper is incident to all that begin the study of diseases'. Amusingly the letter reveals that Boyle's 'continual fear' coincided also with his studying medicine. Petty chided him for another characteristic of the hypochondriac, the tendency to practise upon himself in the ignorant belief that 'a medicament may be physick and physician both'. This type of hypochondriasis occurring episodically with marked anxiety and depression in patients who have only to hear of a disease or see a sufferer to be haunted by the fear or even conviction that they harbour it themselves, is perhaps even more common today when more people hear more of more diseases than ever before.

INTROSPECTION

We know but very little of the nature of our own minds, though, to discover that, we need not rove into, much less wander beyond the world without us; but only reflectingly take notice of what passes within ourselves; nor need we anatomical knives, or geographical globes, or optical telescopes or microscopes, or any other material, or elaborate instruments, to investigate and detect what we seek for; the human mind being itself the subject, the object, the faculty, the organ, and the instrument, of the knowledge it should attain.

EMOTIONAL SHOCK: CAUSE AND CURE

Among other Instances I have met with, that shew the great Power which sudden Passions of the mind may have upon the Body, I remember that a Woman of middle Age, complain'd sadly to me of the mischief, a Fright had done her; for she related to me, that having taken along with her to a Meadow by a River-side, a little Boy that she was dotingly fond of, whilst she was busie about the work she came thither for, the Child stole away from her, and went along the Bank, to delight himself with the View of the Stream; but being heedless, it seems by Circumstances, that he set his Foot upon some piece of Ground that the Water had made hollow; upon which account, the Earth failing under the weight of the Boy's body pressing it, that, and he fell together into the River: In the mean time the poor Mother casually missing her Child, hastily cast her Eyes towards the brink of the River, and not being able to see him there, she presently concluded him to be Drown'd, and was struck with so much horrour upon the sudden accident that tore from her a favorite Son, that among other mischiefs, she fell into a Dead Palsy of her right Arm and Hand, which continu'd with her in spight of what she had done to remove it, till the time she complain'd of it to me, who had not opportunity to know what became of her afterwards.

On the other side, to show that Violent Passions, and even Frights may sometimes, tho very seldom, do good, as well as harm; I shall here add a Relation that was circumstantially made me by the learned Person himself,

to whom the Accident happen'd. I familiarly knew a Gentleman that liv'd to be an Eminent *Virtuoso*, and to oblige many by his useful Writings, who when he was a Youth, fell into a violent and obstinate *Sciatica*, which continu'd with him so long, that it left him little hope of Recovery; but the Devotion of this Young man's Friends invited them to make him be carry'd, since he could not go, to Church upon Sundays; and there it happen'd, that the Town being a Frontier Garrison, the Guards were so negligent, that there was occasion given to a very hot Alarum, that the Enemy was got into the Town, and was advancing towards the Church to Massacre all that were in it. This so amaz'd and terrifi'd the People, that in very great and disorderly hast, they all ran out of the Church, and left my Relator in his Pew upon a Seat that they plac'd him, and whence he could not remove without help: But he being no less frighted than the rest, as they forgot him, he forgot his Disease, and made a shift to hamper off the Pew, and follow those that fled; but it quickly appearing, that the Alarum had been a false one, his Friends began to think in what a condition they had left him, and hasten'd back to help him out of the Pew, which whilst they were going to do, they, to their great surprise found him in the way upon his feet, and walking as freely as other Men. And when he told me this Story, he was above forty years Elder than when he was thus strangely rescu'd, and in all that time, never had one Fit of the *Sciatica*.

LETTER TO A HYPOCHONDRIAC

The . . . disease you labour under, is, your apprehension of many diseases, and a continual fear, that you are always inclining or falling into one or other. Here I might tell you, the vanity of life; or, that to fear any evil long, is more intolerable, than the evil itself suffered, &c.

But I had rather put you in mind, that this distemper is incident to all, that begin the study of diseases. Now it is possible, that it hangs yet upon you, according to the opinion you may have of yourself, rather than according to the knowledge, that others have of your greater maturity in the faculty. But *ad rem*: few terrible diseases have their pathognomonical signs; few know those signs, without repeated experience of them, and that in others, rather than themselves. Moreover, the same inward causes produce different outward signs; and, *vice versa*, the same outward signs may proceed from different inward causes; and therefore those little rules of prognostication, found in our books, need not always be so religiously believed. Again, a thousand accidents may prevent a growing disease itself, and as many can blow away any suspicious sign thereof; for the vicissitude, whereunto all things are subject, suffers nothing to rest long in the same condition; and it being no farther from *Dublin* to *Corke*, than from *Corke* to *Dublin*, why may not a man as easily recover of a disease, without much care, as fall into it? My cousin *Highmore's* curious hand hath shewn you so much of the fabrick of man's body, that you cannot

think, but that so complete a piece as yourself will be always at some little fault or other. But you ought no more to take every such little struggling of nature for a sign of a formidable disease, than to fear, that every little cloud portends a cataract or hurricane. To conclude, this kind of vexation hath been much my portion; but experience, and these considerations, have well eased me of it.

The last indictment, that I bring against you, is, practising upon yourself with medicaments (though specificks) not sufficiently tried by those, that administer or advise them. It is true, that there is a conceit current in the world, that a medicament may be physick and physician both, and may cure diseases *à quacunque causâ*. But, for my part, I find the best medicament to be but a tool or instrument . . . How hard it is to find out the true vertues of medicaments! As I weep to consider, so I dread to use them, without my utmost endeavours first employed to that purpose.

TIMOTHY ROGERS (1658–1728)

MA Glasgow, nonconformist minister of London and Wantage, Berkshire

A discourse concerning trouble of mind, and the disease of melancholly . . . By Timothy Rogers, M.A. who was long afflicted with both, 1691 *London, Parkhurst & Cockerill* (pp. x+lxxviii+434) pp. i-iv, vii, ix, xi-xiii, xiv-xv, xvii-xxviii

Rogers's detailed instructions on how to care for patients suffering from 'trouble of mind', especially from 'melancholly' of the religious kind, are particularly valuable because they were written from personal experience; as the extract shows much of his advice can still be usefully applied by the psychiatrist and the psychiatric nurse today. It appears from his biography prefixed to the third edition of his book (London 1808; a second edition appeared in 1706) that he came from a family in which several near relatives were similarly affected 'so that his case might properly be called natural or hereditary'. In his late twenties he had his first breakdown, 'a deep and settled melancholy' lasting two years. On his recovery he wrote this book as an offering 'for his wonderful restoration', to discharge 'the Duty of those Persons whom God hath delivered from Melancholy, and from the anguish of their Consciences' and to show 'What is to be thought of those that are distracted with Trouble for their sins'. However he continued ever after subject to 'a very unhappy dejection of mind . . . a prey to gloomy fears and apprehensions', so that he was forced to retire into the country where he continued to manifest 'though in a more contracted sphere, the same zeal for the honour of God, and for the salvation of the souls of men'.

ADVICES TO FRIENDS OF MELANCHOLLY PEOPLE

First, Look upon your distressed Friends, as under one of the worst Distempers to which this Miserable Life is obnoxious. Melancholly seizes on the Brain and Spirits, and incapacitates them for Thought or Action; it confounds and disturbs all their thoughts, and unavoidably fills them with anguish and vexation; of which there is no resemblance in any other Distemper, unless it be that of a Raging Fever . . . And of all the Inconveniences of Melancholly, The want of sleep, which it usually brings along with it, is one of the worst . . .

I pretend not to tell you what Medicines are proper to remove it, and I know of none; I leave you to advise with such as are learned in the Profession of Physick, and especially to have recourse to such Doctors

as have themselves felt it; for it is impossible fully to understand the nature of it any other way than by Experience . . . And as old Mr. Greenham says (In his Comfort for Afflicted Consciences, P. 137); There is a great deal of wisdom requisite to consider both the state of the Body, and of the Soul. If a Man, saith he, that is troubled in Conscience, come to a Minister, it may be, he will look all to the Soul, and nothing to the Body; if he come to a Physician, he considereth the Body, and neglecteth the Soul: for my part, I would never have the Physician's Counsel despised, nor the Labour of the Minister neglected; because the Soul and Body dwelling together, it is convenient, that as the Soul should be cured, by the Word, by Prayer, by Fasting, or by Comforting; so the Body must be brought into some temperature, by Physick, and Diet, by harmless Diversions, and such like ways . . .

Secondly, Look upon those that are under this woful Disease of Melancholly with great pity and compassion . . .

Thirdly, Do not use harsh Speeches to your Friends when they are under the disease of Melancholly . . . They may fret and perplex, and enrage them more, but they will never do them the least good . . . If you be severe in your speeches, they'll never be persuaded that it is in kindness, and so not regard at all what you say . . .

Fourthly, You must be so kind to your Friends under this Disease, as to believe what they say. Or however, that their apprehensions are such as they tell you they are; do not you think that they are at ease when they say they are in pain. It is a foolish course which some take with their Melancholly Friends, to answer all their Complaints and Moans with this, That its nothing but Fancy; nothing but Imagination and Whimsey. It is a Real Disease, a Real Misery that they are tormented with: and if it be Fancy, yet a diseased Fancy is as great a Disease as any other; it fills them with anguish and tribulation . . . In all other Evils people take for granted what others say, and accordingly sympathize with them; but in this they are apt to contradict and oppose such as are distressed . . . suppose when you have the Toothach, or Headach, and people, when you complain, should tell you 'tis nothing but Fancy, would not you think their carriage to be full of cruelty? and would it not vex you to find that you cannot be believed?

Fifthly, Do not urge your Friends under the Disease of Melancholly, to things which they cannot do. They are as persons whose bones are broken, and that are in great pain and anguish, and consequently under an incapacity for action: their Disease is full of perplexed tormenting thoughts; if it were possible by any means innocently to divert them, you would do them a great kindness . . .

Sixthly, Do not attribute the effects of meer Disease, to the Devil; though I deny not that the Devil has an hand in the causing of several Diseases . . . But notwithstanding all this, it is a very overwhelming thing, to attribute every action almost of a Melancholly man to the Devil, when

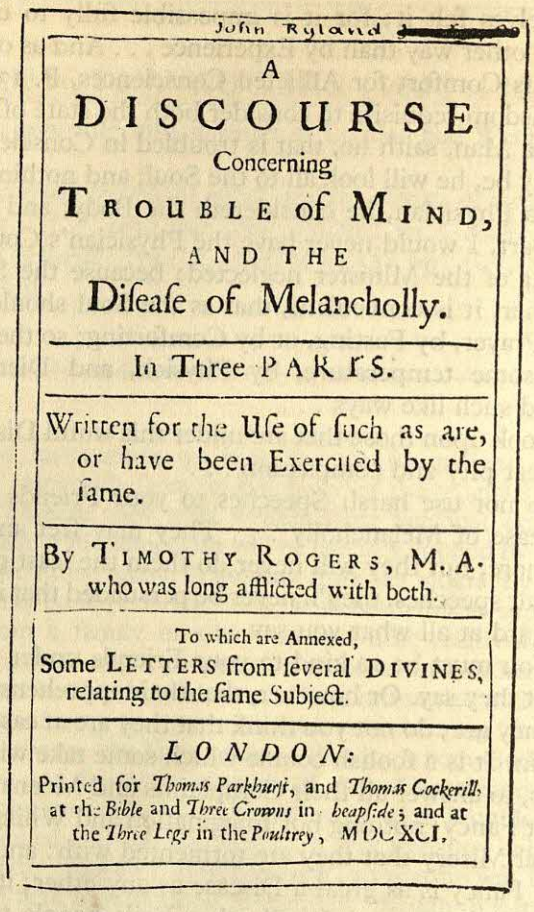


FIG. 50 Title-page of Timothy Rogers' *Discourse concerning trouble of mind*, 1691 (*British Museum*).

there are some unavoidable Expressions of sorrow which are purely natural, and which he cannot help . . .

Seventhly, Do not much wonder at any thing that they say or do. What will not people do that are in Despair! What will they not say, that think themselves lost for ever! What strange extravagant Actions do you see those do that are under the power of fear! And none are so much afraid as these poor people are; they are afraid of God, of Hell, and of their own sorrows . . . Let no carriage of theirs provoke you to passion; let no sharp words of theirs make you to talk sharply . . .

Eighthly, Do not mention to them any formidable Things, nor tell, in their hearing, any sad Stories; because they do already Meditate Terror; and by every sad thing that they hear of, are much more terrified; their troubled Imagination is prepared to fix upon any mournful thing; and by that means, will multiply its own sorrows . . . Studiously avoid all Dis-

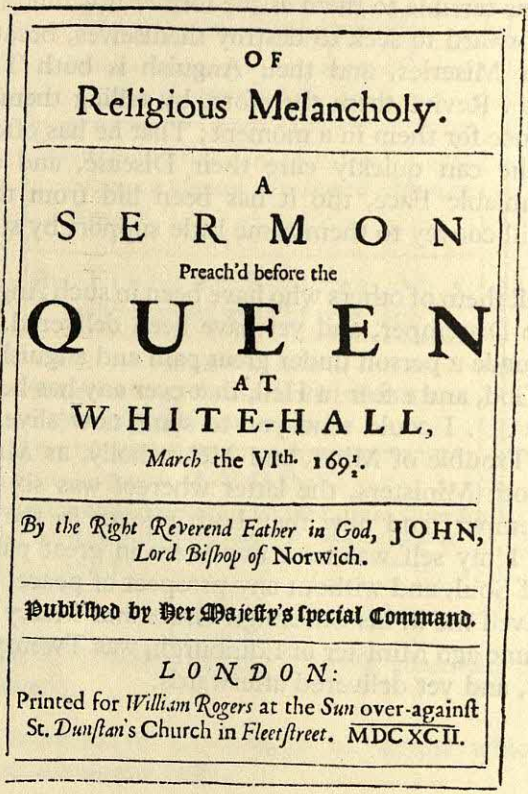
course of what is grievous to them; and yet you must not be too merry before them neither; for then they think you slight their Miseries, and have no pity for them. A mixture of affableness and gravity will suit their Condition best . . .

Ninthly, Do not think it altogether needless to talk with them; only when you do so, do not speak as if their Troubles would be very long: It is the length of their Trouble that amazes them, when after one Week, or Month, without Sleep, or Rest, or Hope, still the next Week and Month is as painful and as terrible to them as the former was; and this many times pushes them forward to seek to destroy themselves, because they see no period of their Miseries, and their Anguish is both Tedious and insupportable . . . Revive them therefore, by telling them, that God can create deliverance for them in a moment; That he has often done so with others; That he can quickly cure their Disease, and shew them his Reconciled, Amiable Face, tho it has been hid from them for a long season. You will convey to them some little support by such discourse as this . . .

Tenthly, Tell them of others who have been in such Anguish, and under such a terrible Distemper, and yet have been delivered. It is very hard indeed to persuade a person under great pain and anguish, and a sense of the Wrath of God, and a fear of Hell, that ever any has heretofore been so perplext as he . . . I could send you to some now alive, that were long afflicted with Trouble of Mind, and Melancholly, as Mr. Rosewell, and Mr. Porter, both Ministers, the latter whereof was six years oppressed with this distemper; and now they both rejoyce in the Light of God's Countenance. I my self was near two years in great pain of Body, and greater pain of Soul, and without any prospect of peace, or help; and yet God hath revived me in his Soveraign Grace and Mercy . . . Mr. Robert Bruce, some time ago Minister of Edinburgh, was Twenty years in terrors of Conscience, and yet delivered afterwards.

JOHN MOORE

RELIGIOUS MELANCHOLY, 1692



OF

Religious Melancholy.

A

SERMON

Preach'd before the

QUEEN

AT

WHITE-HALL,

March the VIth. 169½.

By the Right Reverend Father in God, JOHN,
Lord Bishop of Norwich.

Published by Her Majesty's special Command.

LONDON:
Printed for *William Rogers* at the *Sun* over-against
St. *Dunstan's* Church in *Fleetstreet*. MDCXCII.

FIG. 51 Title-page of a sermon *Of religious melancholy*, 1692, by John Moore, chaplain to William and Mary, Bishop successively of Norwich and Ely.

Religious melancholy was the name given to any mental distress marked by preoccupation with religious duties and relation to God and salvation. Often such persons are plagued by guilt feelings or 'dread of those Punishments, which he hath threatned to inflict on unrelenting sinners' despite 'their . . . sincere love of God'; they have ideas of unworthiness, finding 'a flatness on their Minds . . . which makes them fear, that what they do, is so defective and unfit to be presented unto God, that he will not accept it'; they suffer from scrupulosity and are overpowered by 'naughty, and sometimes Blasphemous Thoughts' which 'start in their Minds, while they are exercised in the Worship

of God' despite 'all their endeavours to stifle and suppress them'. This describes what are today called obsessions, namely recurrent distressful thoughts which enter a patient's mind against his will and in spite of his efforts to exclude them; and since 'the more they struggle with them, the more they encrease' such patients 'grow more dejected'. This state was the less understandable to Bishop Moore as indeed it still is to those who suffer from 'these perplexing thoughts' since 'they are mostly good People, who are excercised with them. For bad men . . . rarely know any thing of these kind of Thoughts'. Like others he argued that this was good reason 'to judge them to be Distempers of the Body, rather than Faults of the Mind'. However, his 'Advice' accorded with what one might call seventeenth century psychotherapy: 'Thoughts' should be 'engaged in a good Matter', 'Passions' kept 'within due bounds', attempts be made 'to chace away . . . gloomy Apprehensions', and to avoid being 'mightily dejected' since 'as you did not invite them, so they continue with you much against your consent' and 'God . . . no where hath said, That Men shall be condemned for their ungovernable Thoughts, over which they have no dominion'. Therefore instead of 'a furious Combat with Melancholy Thoughts' which are known to 'increase and swell by vehement opposition . . . and so make the Case worse' recourse should be had to 'gentle Application of such comfortable things as restore the strength, and recruit the languishing Spirits that must quash and disperse these disorderly Tumults'. Finally he wrote 'I exhort you not to quit your Imployment . . . For no business at all is as bad for you as too much: and there is always more Melancholy to be found in a Cloyster, than in the Market-place'.

That such a book filled a real need is shown by the fact that it went into seven editions (1708) and that as late as 1780 by when mental diseases were engaging the attention of many medical men, there appeared yet another and incidentally the last of its kind by a clergyman, Benjamin Fawcett's *Observations on the nature, causes and cure of . . . religious melancholy*, Shrewsbury.

FRANCISCUS MERCURIUS VAN HELMONT (1618–1699)

Peripatetic physician and mystic philosopher of the Netherlands

The spirit of disease; or, diseases from the spirit: laid open in some observations concerning man, and his diseases. Wherein is shewed how much the mind influenceth the body in causing and curing of diseases, 1694 *London, Howkins* pp. 43-8

First published in Latin, Amsterdam 1692

Treatment by 'shock and commotion' came early in the history of psychiatry. It derived and gained support from three different sets of clinical observations: first, systemic diseases especially of the febrile kind often terminated favourably by 'crisis'; second, the insane sometimes improved following intercurrent illness or injury; third, some patients with hydrophobia – long confused with insanity proper [see Goulart 1607] – had been reported cured by the shock of 'having been several times cast into Water'. In consequence from earliest times attempts were made to reproduce natural crises artificially in the insane by whatever means medicine could command. From gastro-intestinal irritants – vomitives and purgatives like hellebore [see Kerr 1818], the classic antimaniacal which like its successors produced coma and convulsions in large doses, and camphor [see Kinneir 1727] – through narcotics, large bleedings and counter-irritants to the circular swing and electric currents of the eighteenth and nineteenth centuries, not to mention the twentieth, the introduction of fever and so on, all were intended to cause a 'revulsion of the system', that is of the body, sufficiently severe to alter patients' minds. They acted by interfering either directly with brain and its metabolism or indirectly by the cerebral effects of systemic shock causing apathy to and even forgetfulness of abnormal, depressive, delusional or hallucinatory ideas and feelings.

A method of producing shock *usque ad deliquum*, to the brink of death as the phrase went – and similar to the ducking test for witches – was the ducking treatment to 'suffocate the mad Ideas' which was introduced by the celebrated J. B. van Helmont (1577–1644), founder of the iatro-chemical school, as here reported by his son. Arguing from the old supposed antagonism between water and hydrophobia and hence also insanity, Helmont believed that in both the 'too violent and exorbitant Operation of fiery Life' required extinction with water. Patients were accordingly rendered unconscious by being suspended head first under water until 'their upper Parts were drowned', after which they were if possible revived. The idea of course was not new, only the method and length to which it was taken. Even Thomas Willis [see p. 187] treated a 'furious . . . Maid' by ordering 'that in the middle of the Night she should be carried

by Women forth of doors, and put into a Boat, and her Cloths being pull'd off, and she tyed fast with a Cord, should be drenched into the depth of the River' but with the caution 'that she might not be stifled in the Water' (*De anima brutorum*, 1672. Translated as *Two discourses . . .*, 1683, p. 187).

Blindfolding the patient was considered a valuable adjunct because the element of surprise added mental to physical shock. A popular method of achieving this double shock was recorded in the eighteenth century by Tobias Smollett (1721–1771), MD Aberdeen, in his only medical book *An essay on the external use of water*, 1752: 'in some parts of this island it hath been a common practice in the *Mania* and bite of the mad dog, to reinforce the power of the Cold Bath, by shutting up the patient alone, and properly secured, in a solitary church, where his fancy might be haunted all night long, with images of superstitious terror'. However it is only fair to Smollett to add that he himself considered 'Warm Bathing . . . in nothing more successful, than in *maniac* disorders, whether of the melancholy or frantic species'. Such watered down forms of cold and warm bathing were widely used into the twentieth century with the rationale of 'cooling' or 'refrigerating' the patient or sedating his system rather than drowning his mad ideas. But Helmont's original method of double shock also survived with various modifications such as Blair's (1725) and achieved another wave of popularity in the nineteenth century in the hands of Boismont (1859) and as the plunge bath or bath of surprise.

The second part of the extract shows how Helmont applied the theory that 'our Thoughts or Idea's are formed out of the Water' to the cure of melancholy by allowing the offending watery humor 'to run away in Tears' rather than by drowning as in 'distracted Persons'. When later it was recognised that tears discharged emotion rather than water, such therapeutic release became known as catharsis or abreaction.

SHOCK TREATMENT BY DUCKING

My Father [Jean Baptiste van Helmont] in his writings makes mention of many Fools or distracted Persons, (viz. such as by Imagination, Love, Sorrow, or the like, are become foolish, by having excited their Fire into a continual Activity, but not those who are born so) who by chance falling into the Water, and being taken up for dead, and continuing so for some time, upon the thrusting of a Knife-sheath that had the point cut off, into their Fundament, and some blowing through the same, till the Water gusht out of the Mouth of the drowned Party, have not onely been restored to Life, (because the Water was not yet come into their Belly, which is the Seat of the Breath of Life) but also to the full use of their understanding, which they had before they were distracted. This Method of curing Fools, and distracted Persons, Dr. Richardson, according to his own Confession, learnt out of my Father's Writings, and using the same, recovered many. The way he took was this, having stript the Parties naked, he bound their hands upon their backs, and ty'd their Feet to a Rope fastned to a Pulley for to let them down more or less deep into the Water; and then setting them upon a Bench with their Backs towards a

great Vessel with Water, he pull'd them up by the Rope which was fastned to their Feet, and so let them fall with their Heads downwards to their Waste into the Water, yet so as that their heads did not touch the bottom of the Vessel, and there left them till he judged that their upper Parts were drowned; It may happen indeed that some through fear, or because they are not strong enough to stand out this Method, may miscarry and die; and therefore it is fitting that permission should be procur'd from the Magistrate for the exercising of this practice, as it is usual for cutting of the Stone, which is likewise a doubtfull Operation, and from whence all do not escape with Life. And for as much as Fools or distracted Persons, by being bereft of their understanding, are of no use in the Commonwealth; whereas those who are troubled with the Stone may notwithstanding that Disease some way or other contribute to the well-being of it, it is more reasonable that this Method should be used towards the former, than the Operation of Lithotomy practised upon the latter. And that the foresaid Doctour did cure several distracted Persons this way, there are many in Holland that can verifie.

From what hath been here alledged, it appears very evident, that Water puts a stop to the too violent and exorbitant Operation of the fiery Life, or doth mortifie the same, and alter the Operation of the Idea's that afflict and torment distracted and Hydrophobous Persons. And since these Idea's consist of a fiery and watery Essence . . . consequently those afflictive Images may these two ways bereave Persons of their understanding; viz. either by stirring up our Fire into an over-strong Activity, which causeth Raging Madness, and as hath been said, may in several Cases be cured by casting the Patients into the Water; or else by producing such a Sorrow and Melancholy, as is accompanied with continual weeping, which often causes the Persons so afflicted to become mopish or foolish.

CATHARSIS

These Observations will also point us to the Reason, why Laughter and Weeping are proper to Mankind; for we find that when for the Death of a Friend, or other Cause, we are seized with extraordinary Sorrow, if we do weep freely, our Sorrow is by this means alleviated, and that the Image of our dead Friend, or the Thoughts of some other suffer'd Losses, will no longer be so strongly present with us. And on the contrary, Experience informs us, that Persons over-taken with some great grief or affliction, when they cannot discharge their Sorrow by weeping, do often fall into some Distemper or Sickness, because the Idea of the cause of their Sorrow, by this means encreaseth, and continues still present with them; which natural effect teacheth us, that the Water whence our Tears proceed, serves for support and supply of the Idea's or Images we receive from without, or do form our selves (that our Thoughts or Idea's are formed out of the Water, and by it are preserved in their Efficiency . . .) wherefore

whenever any Person breaks forth into Tears, whether the Cause be sorrow or joy, by this means the Idea or Image which was continually active in, and present with him, will wane and decrease in its Activity, and be reduc'd to rest; because that which is the Support of those Images is taken away by weeping. For as all things are debilitated, that is, decrease in their Activity, upon the failure of their wonted aliment; so likewise must the Idea's, which are continually operative in us, change this their Activity, when ever we take away their aliment, and suffer it to run away in Tears.

WILLIAM SALMON (1644–1713)

Medical practitioner, self-styled 'Professor of Physick' who practised at one time near St Bartholomew's Hospital to catch patients who could either not be admitted or were discharged uncured

Iatrica: seu praxis medendi. The practice of curing disease . . . To which is newly added, as an appendix, observations upon the lethargy, carus, frenzy, madness, defects of the internal senses, and hurts of the external senses, 1694
London, Rolls Third edition pp. 778-81

First published 1681

Salmon was a busy practitioner with a ready pen who left extensive accounts of his patients and how he treated them. Although he doubtless wrote with an eye on advertising his skills his detailed case histories of 'Famous Cures' are valuable historically because orthodox physicians wrote more about theories than patients. In the third edition of his 800 page book on medical practice in which the section on nervous disorders occupied more than a third, he described a patient with senile dementia under the heading 'Defects of the Imagination, Reason and Memory in a Man Superannuated' whom he correctly diagnosed as 'not mad, or distracted like a man in Bedlam' but 'decayed in his Intellectuals', that is suffering from brain disease. He observed astutely and related graphically the early stages when such patients complain of depression and hypochondriacal symptoms; and drew attention to the diagnostic triad of emotionality leading to involuntary laughing and crying associated particularly with arteriosclerotic dementia; loss of memory for recent events; and perseveration.

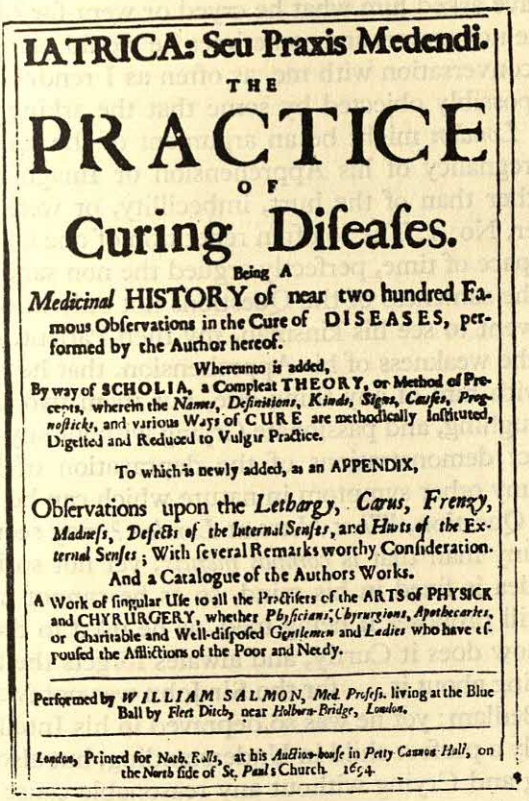
A CASE OF SENILE DEMENTIA

The Person intended in this History was Sir John Roberts of Bromley by Bow, near London, of whom, for many years last past, I had a particular Acquaintance: I knew him when he was well in all his Internal Senses, would apprehend upon the spot, argue rationally, and make Reflections boldly, according as the nature of the matter or Subject required; I knew him also to out-live all this, and become as much a Child in his Apprehension, Judgment and Memory, as 'tis possible for any thing of Human kind to be.

That he was really thus decayed in his Internals, I have reason to know, and I think (if I know any thing in Physick) may be in some measure a competent judg of; though I was his acquaintance of some years standing,

yet meeting him some little time before his late Marriage upon the Exchange in London (for to London he would come, tho he had no business, but only to look about him; or otherwise if he had any thing in his thoughts when he came out, yet would have wholly forgot it when he came there) I accosted him with a Complement, and asked him how he did, he made me little or no Answer, told me he did not know me, and asked me who I was, to which I answered, but he replyed, he did not remember me, he knew me not; I then gave him some further notices who I was, that I Married a Kinswoman of his, and that surely he could not forget me; he answered me again, he knew nothing of the matter, and so I parted from him, without being able to make him know me, understand who I was, or remember his acquaintance with me.

After this, making him several visits at different times before and after his late Ladies Death, and just before his late Marriage, having a Kinsman of his in his House, my then Patient, I had almost daily converse with him; his Discourse was nothing, but only questions, and they were generally but two. 1. What was usual with him in the time of his Health and



IATRICA: Seu Praxis Medendi.

THE

PRACTICE

OF

Curing Diſeaſes.

Being A

Medicinal HISTORY of near two hundred Famous Obſervations in the Cure of DISEASES, performed by the Author hereof.

Whereunto is added,

By way of SCHOLIA, a Compleat THEORY, or Method of Precepts, wherein the *Names, Definitions, Kinds, Signs, Cauſes, Prognoſticks*, and various Ways of CURE are methodically inſtituted, Digeſted and Reduced to Vulgar Practice.

To which is newly added, as an APPENDIX,

Obſervations upon the *Lethargy, Carus, Frenzy, Madneſs, Defects of the Internal Senſes*, and *Hurts of the External Senſes*; With ſeveral Remarks worthy Conſideration.

And a Catalogue of the Authors Works.

A Work of ſingular Uſe to all the Profeſſers of the ARTS of PHYSICK and CHYRURGERY, whether *Phyſicians, Chyrurgions, Apothecaries*, or Charitable and Well-diſpoſed *Gentlemen* and *Ladies* who have eſpouſed the Afflictions of the Poor and Needy.

Performed by *WILLIAM SALMON, Med. Profeſs.* living at the Blue Ball by *Fleet Ditch*, near *Holborn-Bridge*, *London*.

London, Printed for *Nath. Balls*, at his *Auction-houſe* in *Petty Canons-Hall*, on the *North* ſide of *St. Paul's* Church. 1694.

FIG. 52 Title-page of the third edition of William Salmon's *Practice of curing diseases*, 1694, 'to which is newly added . . . an appendix' of nervous and mental diseases.

Strength of Reason and Understanding, which was always, *What News, or what News at London?* 2. A question about somthing which was present with him, and which by reason of the trouble thereof, could scarcely go out of his mind, which was, *what he should do about the weakness in his knees?* For he was so weak that he could scarcely go; not well sit down on his Chair without some assistance, nor rise off it again without help.

These Questions, at any time when I have set by him he would frequently ask me, to whom I made what answer I then saw convenient; in a few minutes after, he would ask the same Question again, to which I would reply, Sir John, you asked me that but just now, and I gave you an Answer: he would reply again, did you? I don't remember, I have forgot, What did you say? or words to the like effect; and then presently ask the same question over again, which he would do 5 or 6. Times in little more than a quarter of an hour; and when he had done with the first question, then he would as foolishly and impertinently ask his second question, with manifold Repetitions, sometimes laughing, and then immediately crying again without any known cause or Reason, which was then usual with him. I have asked him what he cryed or wept for? He would sometimes make me no answer, and sometimes he would say he could not tell. This was his conversation with me, as often as I rendred him a Visit.

It may be possibly objected by some that the asking *what News*, Or, *what News at London* might be an argument of the sanity of his Intellectuals, or pregnancy of his Apprehension or Imagination, Reason or Judgment, rather than of the hurt, imbecillity, or weakness thereof: to which I answer, No: 1. The so often repetition of one and the same thing in so short a space of time, perfectly argued the non sanity, or hurt of his memory. 2. The sameness of the Questions not only in one day, but also as often as I went to see his kinsman, my then Patient, or render him a Visit, argued the weakness of his Apprehension, that he had no Imagination present with him of any thing else, but them two usual matters. 3. This foolish laughing, and passionate Crying without any cause or reason, were as perfect demonstrations of the depravation of his Reason and Judgment, as any other symptom in nature which can be urged.

But tho the Question, *What News at London?* may seem to be rational enough from any man that is *compos mentis*; yet not so in him which is not . . . the Idea is fixed in his mind, so as he cannot irradicate it, and therefore he still proposes it being mad, as he used to do when rational; save, that he now does it Curtly, and alwaies forgets the answer, without arguing any thing about it . . . for tho Sir John was not Mad, or distracted like a man in Bedlam; yet he was so depraved in his Intellect, that he was become not only a perfect child in Understanding, but also foolish withall, as his laughing and Crying without any reasonable cause did shew: And by this depravation becoming Childish and foolish he acted little better than the part of a Mad man, or a man *non compos mentis*; for which Reason, the Question which was usual with him in his health, and strength

of Understanding, and the Thoughts of News being fixed in his mind, for many years together, remaines with him in his depraved state (being also superannuated) as the Idea of the person beloved, does in the mind of the man who run distracted for the same; and therefore for this very reason Sir J.R. from his asking this Question, can no more be said to do it from a principle of Reason and understanding than the Man in Bedlam does it, who so eagerly enquires after his Mistriss, the now dear object of his Madness . . . That Age may be partly a cause of such a decay of the Intellectuals, we have the suffrage of the most learned Physicians in all Ages.

MARIUS D'ASSIGNY (1643–1717)

BD Cantab., divine

The art of memory. A treatise useful for such as are to speak in publick, 1697 *London, Bell* pp. 19-21, 30-1, 42-3, 48, 43-4, 37

A fourth edition 1706

Disturbances of memory are so frequent and conspicuous that it is not surprising to find them noticed in medical literature from earliest times. Memory, with reason and imagination, was also one of the three basic faculties around which the earliest attempts at cerebral localisation were made. The clinical observation that impairment of memory may be the first sign of intellectual deterioration and so the first indication of disease of the brain makes the subject of 'Memory, its Seat, and Excellency' and 'Distempers' one of particular importance in psychiatry. D'Assigny's book dedicated 'To the Young Students of both Universities . . . whatever Employment you are to undertake in Church or State' summarised contemporary theories and observations about memory, how it could be strengthened and by what 'ill Temper of the Body' hurt. From it are quoted extracts dealing with the 'three differing Acts of this Faculty', namely 'Retention', '*Recordatio*' and '*Reminiscentia*' or retention, recall and recognition as they are called today. It was known that 'Some Diseases have that evil Influence that they totally deprive us of our Memory for a time' while others such as 'Drunkenness' or 'old Age' cause loss of memory for recent events. D'Assigny also noted a different kind of memory defect due to 'Violent Passions of Fear, Anger and Despair' when 'all the Alarms and Troubles of the Soul blot out the Ideas' perhaps with something like 'hysterical amnesia' in mind.

MEMORY, ITS EXCELLENCY AND HURTS

Perfection of Memory consists in these two Qualities, quickly to receive the Impressions or Images of things, and to keep them long from Oblivion, that the Intellect might there find them to employ them for such Uses as Reason may require. There are likewise three differing Acts of this Faculty, tho some reckon but two; 1st, That which we properly call Memory, which is a Retention of the Ideas of things admitted into the Soul. 2dly, *Recordatio*, Remembrance, or a calling to Mind, or a refreshing those Ideas that are there closeted up. 3rdly, *Reminiscentia*, which is a Recovery of the same Ideas which were formerly lost, or a renewing of those Impressions in the Memory that were blotted out, or defaced by

Forgetfulness. The first may be found in some measure in the Brutes, and other Animals, who have a kind of local Retention of the Objects that are either grateful or hurtful to their Natures; so that the presence of those things cause them either to fly from, or to run to them, having had a former Sense of their good or evil Qualities. This Animal Memory differs in this from that of Man, in that it requires the presence of the Objects to mind the dumb Creatures of their past Experience; but the Soul of Man having more perfect and excellent Assistances, needs not the Representation of Things to remember the former Passages; neither is his Memory so narrow, so weak and infirm, as that of the Brutes. But the two latter Acts of Memory are not to be found in them, because they depend on the reasoning of the Understanding, and cannot be produced without the Ability, which we cannot admit in other Animals. And tho these two Acts, which some reckon to be but one, be produced by the same Faculty as the Acts of Memory, yet they differ in this, that the Memory may be without the use of reasoning, but the others require the Assistance of the Rational Faculty to recover the lost Ideas, by the help of certain Circumstances that remain yet in our Mind. Besides, it's very common, that some who are excellent for Memory, may be the more apt to be guilty of Forgetfulness, and to let slip out of their Thoughts many weighty Matters. Again, Memory precedes Remembrance in relation to Time, for we can't call to mind Things that we never had in our Memory before. And I judg there is this difference between *Recordatio* and *Reminiscentia*, that the first is a plain Remembrance of Things remaining yet in the Memory, but not thought upon before, by reason of the multiplicity and crowd of other Ideas; whereas *Reminiscentia* is a recovery of the lost Ideas which were blotted out of the Memory, and again refreshed and renewed by the assistance of some known Circumstances and Passages, that lead us to the minding again of those Things that we had forgotten . . .

Some Diseases have that evil Influence that they totally deprive us of our Memory for a time, as those that seize upon the Head and Brain, and such as distemper the Nerves and Veins that are uppermost, and corrupt the Blood and Spirits which are used for the Exercise of Memory. Besides, when any part of the Body is diseased, the Mind is distracted, and cannot so readily perform that Office, as when it enjoys a perfect Tranquillity free from the Avocations of Maladies and Pain. Likewise, if the Spirit be disturbed by the violent Passions of Anger, Fear, Despair, &c. the Exercise of Memory can never be so free, because it requires a sedate and quiet Temper of Mind as well as a Soundness in the Body. All the Alarms and Troubles of the Soul blot out the Ideas that are already entertain'd, and hinder others from coming in. They obstruct all the Passages; and the Crowd of Thoughts that in such Cases arise is a great hindrance to Memory . . .

The Memory residing in so tender a Part as the Brain, Nature hath had a particularly care to preserve it from all Casualties by a thick Skull: It

shews thereby what Esteem, Value, and Tenderness we are to have for that Part of the Body, and how much it concerns us to take heed it be not injured either by our own Miscarriages, or by others Endeavours . . . All such Motions of the Body as cause Giddiness, or Swimming in the Head, are destructive to Memory. Therefore we should have a special care to avoid Falls from high Places, turning round, or Blows upon the hinder part of the Head. For, if we may believe *Thucidides*, some by that means, in the Grecian Wars, lost totally the use of their Memories: For by that Violence the Seat of Memory received so great a Prejudice, that the Faculty could make no use of it; and the Contusion was so great, that the Brain was disturbed, and could receive no more Impressions, nor preserve them that were there before . . . Drunkenness is offensive to the Brain, and all its Functions, because it fills it full of Humours, and naturally causeth Forgetfulness . . . I cannot but mind here what *Suetonius* writes of *Claudius Caesar*, that by Drunkenness he had forgot what he had commanded but an hour before: for having ordered his impudent and lecherous Wife and Empress Messalina, to be put to Death, because of her unsufferable and publick Adulteries, when he sat down to eat Meat a while after, asked his Officers and Servants what their Lady was doing, that she came not as usually to Table with him . . .

Now in some Cases 'tis impossible to remedy a decay'd Memory, as when Nature fails through some violent Disease; when an extraordinary Heat and internal Driness hath corrupted the vital Parts, or the Closet of Memory, and filled it with infected Spirits; or when old Age brings a Diminution to our Strength, Vigor, Abilities, and all our Natural Parts decay with our Body. 'Tis then in vain to attempt by Physick to help or remedy that which is naturally lost and perished. However in such Cases we may preserve what remains of Memory by a regular manner of living.

DANIEL DEFOE (1661–1731)

Journalist and novelist

1. *An essay upon projects*, 1697 London, Cockerill pp. 179-81
2. *Augusta triumphans; or, the way to make London the most flourishing city in the universe*, 1728 London, Roberts pp. 30-4

Among the many social reforms which Defoe advocated two touched specifically on psychiatry. The first was his proposal to build idiot asylums or hospitals for mental defectives separate from the insane. This took exactly 150 years to become reality, for it was in 1847 that Park House, Highgate, London was established as the first asylum for the care and training of idiots. Defoe's second concern was with the legal supervision of mad-doctors and mad-houses. In 1706 he gave publicity in his periodical *A Review of the State of the English Nation* to the case of a girl allegedly wrongfully confined in a private madhouse under the care of Dr Edward Tyson [see King 1686; Strype 1720] and added the following editorial note: 'I know no greater Grievance in the present distribution of Civil Authority, than that such People as those, are not brought under some publick Regulation, and as I have a Scheme for reducing them from what they are, to what they ought to be, which I purpose to lay before the ensuing Parliament; I refer them to consider, whether they ought not to behave themselves so, as that the Justice of the Nation, may be content to Reform their Profession, without Treating them as Criminals'. More than twenty years later he returned to this theme when he proposed that private madhouses should be officially licensed and inspected. This started a demand for reforms which grew more and more vociferous until in 1763 a Parliamentary Committee was set up. As a result and by then with the backing of the two leading 'mad-doctors', Battie and Monro, the first 'Act for Regulating Madhouses' was passed in 1774.

A HOSPITAL FOR NATURAL FOOLS

Of all Persons who are Objects of our Charity, none move my Compassion, like those whom it has pleas'd God to leave in a full state of Health and Strength, but depriv'd of Reason to act for themselves. And it is, in my opinion, one of the greatest Scandals upon the Understanding of others, to mock at those who want it. Upon this account I think the Hospital we call Bedlam, to be a Noble Foundation; a visible Instance of the sense our Ancestors had of the greatest Unhappiness which can befal Human Kind: Since as the Soul in Man distinguishes him from a Brute, so where the Soul is dead (for so it is to acting) no Brute so much a Beast as a Man. But

since never to have it, and to have lost it, are synonimous in the Effect, I wonder how it came to pass, that in the Settlement of that Hospital they made no Provision for Persons born without the use of their Reason, such as we call Fools, or more properly, *Naturals*. We use such in England with the last Contempt, which I think is a strange Error, since tho' they are useless to the Commonwealth, they are only so by God's direct Providence, and no previous Fault. I think 'twould very well become this Wise Age to take care of such: And perhaps they are a particular Rent-Charge on the Great Family of Mankind, left by the Maker of us all; like a Younger Brother, who tho' the Estate be given from him, yet his Father expected the Heir should take some care of him.

If I were to be ask'd, Who ought in particular to be charg'd with this Work? I would answer in general, Those who have a Portion of Understanding extraordinary: Not that I would lay a Tax upon any man's Brains, or discourage Wit, by appointing Wise Men to maintain Fools: But some Tribute is due to God's Goodness for bestowing extraordinary Gifts; and who can it better be paid to, than such as suffer for want of the same Bounty?

For the providing therefore some Subsistence for such, that Natural Defects may not be expos'd: *It is Propos'd*, That a *Fool-House* be Erected, either by Publick Authority, or by the City, or by an Act of Parliament; into which, all, that are *Naturals*, or born Fools, without Respect or Distinction, should be admitted and maintain'd. For the Maintenance of this, a small stated Contribution, settl'd by the Authority of an Act of Parliament, without any Damage to the Persons paying the same, might be very easily rais'd, by a Tax upon Learning, to be paid by the Authors of Books.

DEMAND FOR PUBLIC CONTROL OF MADHOUSES

This leads me to exclaim against the vile Practice now so much in vogue among the better Sort, as they are called, but the worst sort in fact, namely, the sending their Wives to Mad-Houses at every Whim or Dislike, that they may be more secure and undisturb'd in their Debaucheries: Which wicked Custom is got to such a Head, that the number of private Mad-Houses in and about London, are considerably increased within these few Years. This is the height of Barbarity and Injustice in a Christian Country, it is a clandestine Inquisition, nay worse. How many Ladies and Gentlewomen are hurried away to these Houses, which ought to be suppress'd, or at least subject to daily Examination, as hereafter shall be proposed? How many, I say, of Beauty, Vertue, and Fortune, are suddenly torn from their dear innocent Babes, from the Arms of an unworthy Man, who they love (perhaps too well) and who in Return for that Love, nay probably an ample Fortune, and a lovely Off-spring besides; grows weary of the pure Streams of chaste Love, and thirsting

after the Puddles of lawless Lust, buries his vertuous Wife alive, that he may have the greater Freedom with his Mistresses?

If they are not mad when they go into these cursed Houses, they are soon made so by the barbarous Usage they there suffer, and any Woman of Spirit who has the least Love for her Husband, or Concern for her Family, cannot sit down tamely under a Confinement and Separation the most unaccountable and unreasonable. Is it not enough to make any one mad to be suddenly clap'd up, stripp'd, whipp'd, ill fed, and worse us'd? To have no Reason assign'd for such Treatment, no Crime alledg'd, or Accusers to confront? And what is worse, no Soul to appeal to but merciless Creatures, who answer but in Laughter, Surliness, Contradiction, and too often Stripes? All conveniences for Writing are denied, no Messenger to be had to carry a Letter to any Relation or Friend; and if this tyrannical Inquisition, join'd with the reasonable Reflections, a Woman of any common Understanding must necessarily make, be not sufficient to drive any Soul stark staring mad, though before they were never so much in their right Senses, I have no more to say . . .

How many are yet to be sacrificed, unless a speedy Stop be put to this most accursed Practice I tremble to think; our Legislature cannot take this Cause too soon in hand: This surely cannot be below their Notice, and 'twill be an easy matter at once to suppress all these pretended Mad-Houses. Indulge, gentle Reader, for once the doting of an old Man, and give him leave to lay down his little System without arraigning him of Arrogance or Ambition to be a Law-giver. In my humble Opinion all private Mad-Houses should be suppress'd at once, and it should be no less than Felony to confine any Person under pretence of Madness without due Authority. For the cure of those who are really Lunatick, licens'd Mad-Houses should be constituted in convenient Parts of the Town, which Houses should be subject to proper Visitation and Inspection, nor should any Person be sent to a Mad-House without due Reason, Inquiry and Authority.

ROBERT PIERCE (1620–1710)

MD Oxon, FRCP, physician of Bath

Bath memoirs: or, observations in three and forty years practice, at the Bath, what cures have been there wrought, 1697 *Bristol, Hammond* pp. 34-7, 188-90

The charm and interest of Pierce's book lies in the medical and social details of its case histories, which convey an intimate picture of how patients were diagnosed, treated and rather surprisingly followed up for a number of years. Its historical value is enhanced by the fact that patients and their referring physicians were named in order to shed reflected glory not only on Pierce's practice but on Bath and its waters as well. From his large collection two cases are quoted: the first an early observation of drug habituation in a young woman suffering from 'fix'd pains' in the back and legs for which she had 'accustomed herself to Anodynes'. Pierce realised the need to treat both her pains and her drug habit simultaneously. The second was a patient suffering from 'Green-Sickness', then a common diagnosis and later called chlorosis, a condition affecting adolescent girls and consisting of a medley of anaemia, menstrual irregularities, hysterical or epileptic fits and various minor psychiatric symptoms such as 'dejection of spirits'.

HABITUATION TO ANODYNES

Mrs. Boswell, a comely young Gentlewoman, newly marry'd about 20 Years of age; she was Daughter to Serjt. Trynder, (of Oxfordshire by Birth, but live'd mostly in London) by taking Cold, was seiz'd with a Pain first in the outside of her Left Leg, afterwards in the Hip of the same side, and thence round her Back, to the other side, and was violently pain'd in both; she was contracted, and bowed together, not able to stand or sit upright, or lie streight in her Bed. She was carry'd from place to place in Arms, and that not without frequent Complaints of twinging Pains. She had try'd all sorts of Means, to give Ease, and remove the Distemper, by the advice both of Physitians and Chyrurgions . . . but all in vain: She was brought hither in April, 1687 . . . She had so accustomed herself to *Anodynes* (for present ease) that she could not quickly be taken off from them, having taken to 30, and 40 Drops at a time, of liquid *Laudanum*, and that twice or thrice in four and twenty Hours. I at length prevail'd with her (tho' with difficulty) to lessen the Doses, and not take them so often, and this was done by degrees. Whither it was by the

violence of the Pain, or the too frequent use of these Stupifactive Medicines, or any former Inclination to *Hysterick Fits*, it was not very apparent; but she had (every now and then) very severe ones, not much short of *Epileptick Fits*: She bore moderate bathing well enough, and was pump'd upon those parts, where the pain afflicted her most. This course in a Month or two's time gave her so much Ease, that she was content to be confin'd to her Anodyne Medicine, but every other, or every third Night, and could put some stress upon her Legs, and lie streight in her Bed. Being thus considerably advantaged, and the heat of the year coming on, she return'd home; and there, not only continued what Benefit she had got, but in some measure improv'd it, and past the following Winter without great relapses; but was (by Fits) more or less pain'd and weaken'd in her lower Limbs; and therefore came hither the second time, in May or June, the next year, and staid seven or eight Weeks, in which time she perfected what she had before begun, and not long after (if not whilst she was here) prov'd with Child. I visited her in London, in April, 1689. and found her very well and Mother of a lusty Son. She continues yet so, I think; for in December, 1694. whilst I was collecting these Observations, my Apothecary, Mr. Chapman, being in London, was to waite upon her from me, and gave me that Account when he came home; and that she ascribes her being so well to what she did at the Bath.

GREEN-SICKNESS

Womens Diseases are either such, as they are subject to when they are young, or when more adult; when marry'd, or when unmarry'd; when Childless, or when they have had Children. I shall therefore divide this Chapter into five Sections, and give some few Instances upon each. The first of, The Virgin Disease, the Green-Sickness, where will be occasion to speak of the want of the Catamenia, and with this is many times joyn'd the Hysterick Passion, or Fits of the Mother, and of which I have seen very many here recover'd, when all ordinary and usual Methods and Means have fail'd. Nay, the same Apperitive Medicines, that have avail'd nothing before, have here, with moderate bathing, and sometimes drinking the Waters, been very effectual. Of this I shall give a few Instances of many that I could produce. And since it hath been their Misfortune, rather than their Faults, to be thus affected, I shall venture to name their Names; and first . . . Mrs. Elizabeth Eyles, from the Devizes, in the County of Wilts, aged 16, being very far gone in the Green-Sickness; and having Mother-fits withal, was sent to my House by her Relations, for Cure. I had then considerable Business in those Parts, when I attended a Riding Practice, and was consulted for her at her Father's House; and I prescrib'd several things, but nothing prevail'd; for which Reason she was sent hither, to try what they would do, with bathing, for without it they signified little; tho' the same Means had been very beneficial to others,

that seem'd to be under the same Circumstances. She came hither in June, 57. Pale, Thin, and Stomachless, Faint and Tyrie, upon the least stirring, and very often Hysterical. But under all this of a Meek, Governable, and Excellent Temper, and would chearfully take, and do, every thing that was prescrib'd her; which (as to Medicines) was very little different from what she had taken before, viz. Peptick-Powders, Anti-Cachecticks, and Hystericks: These, with bathing, (for she drank little of the Waters) in a Month, or Six Weeks time, restor'd her to a good Stomach, a fresh Colour, and to those Customary Benefits which young Women of her age ought to expect, and hope for; and upon which the Mother-Fits wholly left her. She was, afterwards, marry'd to a Kinsman of mine, Mr. Samuel Pierce, now of Alston, near Kings-bridge, in Devonshire, and lived several Years with him; as good a Wife as she was a Patient, and left him Three Children when she dy'd, which are still living.

WILLIAM TURNER (1653–1701)

MA Oxon, vicar of Walberton, Sussex

A compleat history of the most remarkable providences, both of judgment and mercy, which have hapned in this present age. Extracted from the best writers, the author's own observations, and the numerous relations sent him from divers parts of the three kingdoms . . . Recommended as useful to ministers in furnishing topicks of reproof and exhortation, and to private Christians for their closets and families, 1697 *London, Dunton* Part 1, chapter 82, pp. 110–1

Accounts of spontaneous recovery from prolonged mental illness are rarely found in the earlier medical literature for a number of reasons. Unlimited trust in active treatment and polypharmacy had allowed the possibility of recovery other than in response to treatment to be almost forgotten and a disease which had withstood repeated therapeutic onslaughts was considered not only incurable but irrecoverable. If later the patient did recover it was regarded as an act of grace or 'remarkable providence'. This conceit of physicians led Robert Boyle with his scientific experimental approach to suggest that 'it were no ill piece of service to Mankinde, if a severe Collection were made of the Cures of such Persons as have recovered after having been judg'd irrecoverable by the Doctors: That Men might no longer excuse their own Ignorance by the impotency of Nature, and bear the World in hand, as if the Art of Physick, and their skill, were of the same extent. And the Cures that seem performed by Nature her self, need not be left out of such a Collection' (*Some considerations touching the usefulnesse of experimental naturall philosophy*, 1663. Oxford, Davis. Part 2, p. 72).

Such cases of remission or recovery after years of insanity which were reported are found in the writings of advertising quacks like James Newton [FIG. 42] or in theological works like Turner's. There was in any case little opportunity for prolonged study of the insane because Bethlem, at that time still the only hospital for such patients, discharged as 'incurables' all who had not recovered their senses after one year and they were then lost to medical observation. As a result there was no place and no incentive for the expectant study of mental illness and little knowledge of its natural history and tendency to self-cure. This opportunity came only with the advent of county asylums in the nineteenth century.

Turner regarded the case of spontaneous remission after five years' mental illness quoted here as one 'of the most remarkable providences . . . which have hapned in this present age'. Among the attestors to its authenticity were Nathan Paget (1615–1679), MD Leyden, FRCP, physician to the Tower of London,

and Elias Ashmole (1617–1692), MD Oxon, FRS, to whose fame as an antiquary the Ashmolean Museum, Oxford, bears witness.

SPONTANEOUS RECOVERY: REMARKABLE PROVIDENCE

Mr. Francis Culham . . . a Chirurgion . . . in . . . 1671 . . . About Three or Four Days after Christmas . . . complained of an alteration in his Health; and about Two Days after, became stupified in his Brain, which gradually spread over his Body: to this a Weakness in his Limbs succeeded; so that he was forced to take his Bed, and immediately grew not only speechless, but lost the use of his Reason. He lay a Month without eating any Food, or taking any other Sustenance, except a small quantity of Drink . . . At the expiration of this Month, he . . . did eat daily for some short time . . . then fasted another Week compleat . . . he afterwards did eat but once in Three Days; but then it was incredible, both in respect of the Quantity and Manner; for he would most greedily devour a whole Joynt of Meat at a Meal . . . But the Distemper he seemed to lie under after such extravagant Eating, was exceeding strange and remarkable: for he made a dreadful and horrid Noise, but inarticulate, and lay roaring and howling most part of the Day after, (as sometimes he did before he did eat) seeming to covet more Meat, even then when he had fed most plentifully.

In this sad and deplorable Condition he continued, keeping his Bed continually, and refusing to take any internal Medicine; nor did he know either Wife or Children, Friends, or Visitants, or seem'd to take Notice of any other thing. He used several sorts of Tones and Cries, all lamentable enough, and lay (for the First Year) with his Eyes continually open, he would sometimes attempt to bite those that came near him. In this time he was once let Blood; and once Fluxed. About a Month before his Recovery, he was twice let Blood; but how far that might signifie any thing, is uncertain, seeing no effect appeared 'till the Day of his Restauration, which was the Twelfth of May, 1676. Only for Two Days before, he now and then wept, seeming to have some sensible apprehension of his Wife and Children, by holding them fast by the hand, when they stood near him; tho' since his Recovery he remembers it not.

But that Twelfth Day of May, about Ten a Clock in the Morning, by the miraculous Power and Mercy of God, his Understanding began to return; whereupon he made Signs (by moving his Hands in a Writing posture) for a Pen, Ink, and Paper; which being brought to him, he wrote as followeth:

> Lord, grant a Power from thy Divine Nature.
> I thought I saw the Glorious appear to me.
> The Prayers of all good People I desire . . .

Hereupon the Minister of the Parish was sent for, to pray by him; who, tho' he was not then at home, yet not long after bestowed a Visit on him . . .

After he had sate up a while, Dr. Gale, master of St. Paul's School, with Mr. Will. Perry, another Minister, and two Friends more, accidentally passed by his house; who being entreated to come in and Pray with him did very readily consent. The Doctor being desirous fully and clearly to understand the condition of the Man asked several Questions, and finding no Answer, but abundance of Tears, attended with great Trembling in all his Body, and Blackness in his Lips, the Doctor with the Company present went to Prayers, reading the Office of the Church for the Visitation of the Sick . . . These two Ministers came that Night again to him, and found him much recovered; and since also have frequently visited him; at which he always much rejoyceth. Immediately upon his speaking, he perfectly knew his Neighbours and former Acquaintance, who came to see him in great Numbers.

The second Day after his Recovery, he was able to walk about his Chamber leaning on anothers Shoulder; the third Day with a Staff only: And now he is greatly increased in Strength, feeds moderately, sleeps well, and his Intellects and Faculties are become exceeding clear and strong. His wife behaved herself toward him all the while he lay under this great Affliction, with great Care and Affection; and by an honest and industrious course of Life, supported him and his Children.

THE

ART

OF

Curing Sympathetically,

OR

Magnetically,

Proved to be moſt true both by its

Theory and Practice,

Exemplified by ſeveral Cures performed that way.

With a Diſcourſe concerning the

Cure of Madneſs,

AND

An Appendix to prove the reality of Sympathy. Alſo an account of ſome Cures perform'd by it in *London*.

Written originally in *Latin* by

H. M. HERWIG, M. D.

LONDON,

Printed for *Tho. Newborough* at the *Golden Ball* in St *Pauls* Church-yard, *R. Parker* at the *Unicorn* under the Piazza of the *Royal Exchange*, *Cornhil*; and *P. Buck* at the Sign of the *Temple*, at the *Temple-Gate* in *Fleet-ſtreet*. 1700.

FIG. 53 Title-page of *The art of curing sympathetically, or magnetically . . . With a discourse concerning the cure of madness*, 1700 (first edition in Latin, Culenborg, ?1699, without the 'Appendix' of 51 pages added to the English translation) by Henning Michael Herwig, MD, physician of Culenborg, Netherlands who practised in London for a season in 1699, and applied his methods especially to 'the Cure of Madness'.

EIGHTEENTH CENTURY

ANONYMOUS

Some thoughts concerning the maintenance of the poor. In a letter to a member of Parliament, 1700 *London, Goodwin* pp. 6-7

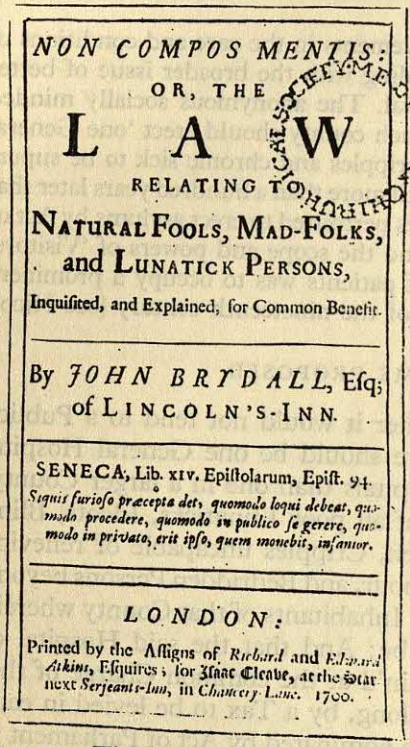
The first proposals for many later improvements in the care and conditions of 'lunatics' are to be found in writings dealing with the broader issue of better provision for the poor and sick in general. The anonymous socially minded author of this pamphlet suggested that each county should erect 'one General Hospital' for lunatics, idiots, the blind, cripples and chronic sick to be supervised by county visitors. But it was not until more than a hundred years later that the first official step was taken and counties permitted to erect asylums by Act of Parliament 1808 (48 Geo. III, c. 96). And the scope and powers of 'Visitors' to ensure the best care and treatment of patients was to occupy a prominent place in much of the lunacy legislation of the nineteenth century [see Nicoll 1828].

COUNTY ASYLUMS PROPOSED

I submit it to your Judgment, Whether it would not tend to a Publick Good, if it were ordained, That there should be one General Hospital erected in each County, or more Hospitals than one in a larger County, for the Reception and Maintenance of all poor Lunaticks, Ideots, Blind Persons, Maim'd Soldiers and Seamen, Cripples uncapable of relieving themselves by any Manufacture or Labour, and Bedridden Persons beyond a prospect of Cure, that are or shall be Inhabitants of that County wherein such an Hospital or Hospitals shall be: And that the said Hospital or Hospitals should be built and maintain'd at the common Charge of that County whereunto it or they shall belong, by a Tax to be levied in each Parish . . . And that Visitors should be nominated by Act of Parliament in each County, who should appoint Officers and Salaries, and take an Account of Receits and Disbursements relating to the said Hospital; and at every Year's end send to the Constables of the Parishes contributing thereunto, a printed Account of what Monies have been received that Year, and how they have applied them to the Benefit of the said Hospitals: And if it shall appear that there hath been a wilful Mismanagement in any matter concerning the said Hospitals, by any Governor or Officer thereof, That it might be lawful for any Person to sue the Party or Parties therein Criminal, and to recover from him or them sufficient Damages, to be paid to the injur'd Hospital, upon his or their being found guilty; and that thereupon such Person or Persons should be incapacitated as to the intermedling with the Concerns of any Publick Hospital whatsoever.

JOHN BRYDALL

LAW RELATING TO FOOLS AND MAD-FOLKS, 1700



NON COMPOS MENTIS:

OR, THE

L A W

RELATING TO

NATURAL FOOLS, MAD-FOLKS,

and LUNATICK PERSONS,

Inquiſited, and Explained, for Common Benefit.

By *JOHN BRYDALL*, Eſq;
of LINCOLN'S-INN.

SENECA, Lib. XIV. Epiſtolarum, Epiſt. 94.

Signis furioſo præcepta det, quomodo loqui debeat, quomodo procedere, quomodo in publico ſe gerere, quomodo in privato, erit ipſe, quem monebit, inſanior.

LONDON:

Printed by the Aſſigns of *Richard* and *Edward Atkins*, Eſquires; for Iſaac Cleave, at the Star next *Serjeants-Inn*, in *Chancery-Lane*. 1700.

FIG. 54 Title-page of John Brydall's *Law relating to natural fools, mad-folks, and lunatick persons*, 1700 (*Royal Society of Medicine*).

This book was the first 'Collection (methodically digested) of such Laws, with the Cases, Opinions, and Resolutions, of our common Law Sages, as do properly concern the Rights of all such, as are wholly destitute of Reason: Some whereof are become so by a perpetual Infirmity, as *Idiots*, or *Fools Natural*: Some, who were once of good and sound Memory, but by the Visitation of God, are deprived of it, as Persons in a high Degree, Distracted: Some, that have their lucid Intervals, (sometimes in their Wits, sometimes out,) as Lunatick Persons: And some, who are made so by their own Default; as Persons overcome with Drink, who during the time of their Drunkenness, are compared to Mad-Folks'. More than a hundred years later appeared the next *Treatise on the law of idiocy and lunacy*, 1807 by Anthony Highmore after which they increased in number with the growing complexity of nineteenth century lunacy legislation [see FIG. 203].

DAVID IRISH (fl. 1700)

'Practitioner in Physick and Surgery' of Stoke near Guildford, Surrey

1. *Levamen infirmi: or, cordial counsel to the sick and diseased. Containing I. Advice concerning physick . . . with an account of the author's remedies, and how to take them. II. Concerning melancholy, frensie, and madness . . . III. A miscellany of pious discourses,* 1700 *London, for the author* pp. 53-4
2. *Transcript of an agreement between 'Dr.' Irish and Joseph Chitty, husband of a prospective patient suffering from 'Hipocondriak melancholy Madness' to cure her for the sum of £10,* 1702 *Guildford Muniment Room MS.* 5/4/69

By the turn of the century it was not unusual for unqualified practitioners who specialised in treating the insane, those particularly who owned permanent establishments, to advertise in small books rather than handbills. One of these was Irish who claimed to 'cure all that are curable, whether they be afflicted with any sort of Sickness, or Melancholly, Madness, or any strange Convulsion-Fits'. To substantiate this claim he filled his pages with extracts copied from more learned authors, one of them a word for word plagiary from Timothy Bright's (1586) *Treatise*. He concluded his lengthy 'Advice concerning Melancholy, Phrensie, and Madness' with an 'Advertisement' lauding the amenities of his own house over those 'allow'd at Bedlam'. Private madhouses were not uncommonly handed down in families with their special skills derived from practice – in the Irish family for instance until the nineteenth century as an entry of 1807 in the account book of Surrey Quarter Sessions shows, when the visiting magistrates demanded from 'Mr. Irish . . . a pledge . . . that the practice of chaining Patients sho'd be discontinued by Order of Session' [see FIG. 121(c) and (d)]. An interesting light is thrown on the business side of such undertakings by an agreement between 'Dr.' Irish and the husband of a patient suffering from 'Hipocondriak melancholy Madness' by which he was 'to have payd down in hand five pounds . . . & when cured to have five pounds more' [see FIG. 55].

CURES FOR THE CURABLE

This is to inform all Persons whom it may concern, That D. Irish doth and will (if God permit) instruct his Son in the best and speediest way of curing *Melancholy* and *Madness*. And likewise, those *Lunaticks* which are not Curable, he will take them for term of Life, if paid Quarterly; such, and all others, he takes on Reasonable Terms, allowing them good Fires,

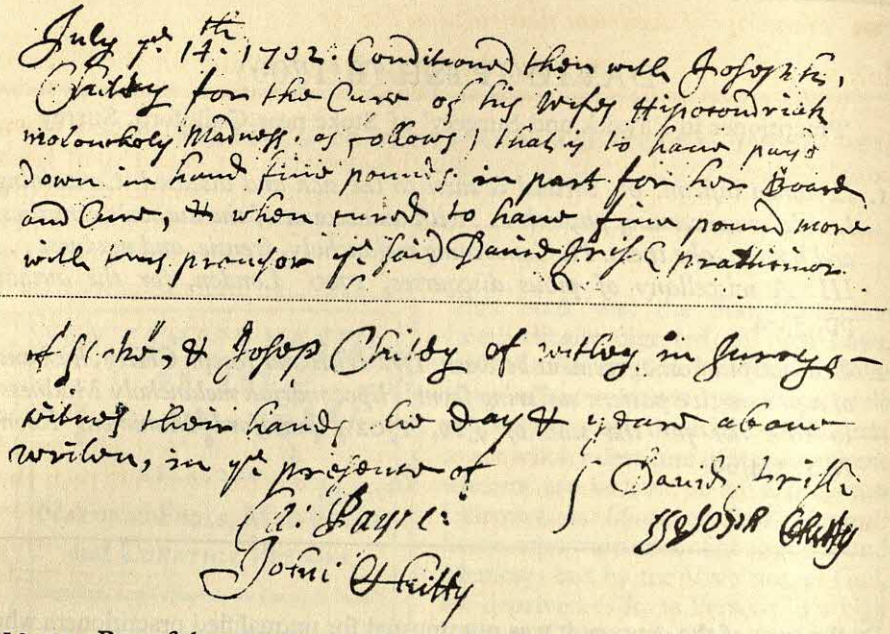


FIG. 55 Part of the agreement between 'Dr.' Irish and the husband of a prospective patient, 1702 (*Guildford Muniment Room*, 5/4/69).

Meat, and Drink, with good attendance, and all necessaries far beyond what is allow'd at *Bedlam*, or any other place he has yet heard of and cheaper, for he allows the *Melancholly*, *Mad*, and such whose Consciences are Opprest with the sense of Sin, good Meat every day for Dinner, and also wholesome Diet for Breakfast and Supper, and good Table-Beer enough at any time: They have also good Beds and Decent Chambers, answerable to their Abilities; all which necessaries are daily allow'd and given them according to agreement during the time agreed for; they are all carefully look'd after by himself at his House in Stoke near Guilford in Surry, being a pleasant place and good Air; and such as please to be at Thorp, his Son looks after them by his Fathers directions, who comes every *Tuesday* to see them, and instruct his Son in the true Method of curing such distemper'd People.

Transcript of document illustrated in Fig. 55

July ye 14th 1702. Conditioned then with Joseph Chitty for the Cure of his Wifes Hipocondriak melancholy Madness, as follows, that is to have payd down in hand five pounds, in part for her Board and Cure, & when cured to have five pounds more with this provision ye said David Irish practicinor of physick do use his utmost endeavours to compleat the cure within ye terme of three or four months otherwise to have no more money then the first payment, in hand payd, likewise if ye said patient should Dy whilst under cure in his Custody, then he is to have no more money then ye first payment aforsaid, only her Husband or friends must be at ye charge of Buring her as they see fitt, if it should so happen But with gods Blessing on ye meanes we hope for her Recovery and then at ye last payment the said Doctor dose promise to give a direction how to keep her free from ye said distemper of Madness, during terme of Life, & if she should fall into ye Relaps of her said distempor after ye last payment, then the said Doctor is to supply her with Medicines gratise, as oft as ocasion requires for ye space of three years for ye preventing as well as Curing her of the said distemper of Melancholy Madness, this ye agreement made between Dr. Irish of Stoke, & Josep. Chitty of Witley in Surry –

Witnes their hands the day & year above writen, in ye presence of:

Ca: Payne — David Irish

John Chitty — Joseph Chitty

JOHN JONES (1645–1709)

MA, DCL, licensed practitioner in physic (Oxon), LRCP, physician of Windsor, subsequently Chancellor of Llandaff Cathedral Church

The mysteries of opium reveal'd, 1700 *London, Smith* pp. 88-9, 32, 236-7, 304-6

The physical manifestations of acute and chronic opium intoxication and the syndrome of withdrawal were recognised early but drug-addiction was not considered a psychiatric problem until the end of the nineteenth century. Then the rapidly growing number of accidental addicts made by the newly discovered analgesic, sedative and hypnotic drugs – morphine 1827 (isolated 1816), bromide 1857, cocaine 1868 (isolated 1859), chloral 1869, paraldehyde 1882, heroin 1898 and barbiturates 1903 – all of which when first introduced were believed to be non-addicting, created a social problem of some magnitude which led to the study of addiction and the liability to it not only from the pharmacological point of view as a property of the drug, but also psychiatrically as a manifestation of mental disturbance.

From this early treatise on opium, its actions, uses and abuses are quoted descriptions of chronic opium intoxication which the author recognised as comparable to alcoholism; the opium withdrawal or abstinence syndrome; and his method of withdrawing the drug from an addict, which included the use of wine as a partial substitute until withdrawal was complete.

THE MYSTERIES OF OPIUM: INTOXICATION AND WITHDRAWAL

Wine and Opium, in a due quantity, (but Opium, in a far less quantity, as was said) cause a pleasant, gay, and good Humour, Courage, Bravery, Magnanimity, Promptitude in Business, Expediteness in Management, Serenity, Euphory, or easy undergoing of Labour, Journeys, Fatigues, &c. Both take away Sadness, Grief, Melancholy, Fear, Depression of Spirits, &c. Both cause Promptitude to Venery (*Sine Cerere & Baccho friget Venus:*) So Wine and Opium prevent and cure Cold, open the Pores, promote Perspiration and Sweat, especially the following Mornings, as Sir Theodore Mayern, my self, and others, have observ'd of Opium, and is notorious as to Wine. Both cause Sleep, and take away the Sense of Pain, and require a greater Dose than ordinary in Proportion to the Pain; both take off Shiverings from Fear, Cold, or Ague Fits, and cause Mirth, Contentation, and Acquiescence, Driness of the Mouth, Thirst, a Sense of Heat within us, a Dreaming Condition, pleasant Dreams . . . Nocturnal

Pollution, and in some Constitutions both cause Vigilancy; but Wine and Opium cause that more rarely than Sleep: Both stop, and cause Vomiting if they stay too long at Stomach; Both moderate Hunger . . . and are good in a canine Appetite; Both cause Swimming in the Head, &c. So *Both in an Excessive Dose*, do cause, at first, Mirth, and afterwards a kind of Drunken Sopor in some, in others Fury, or Madness, Sardonick Laughter, and Weight at Stomach, Vomitings, Hiccoughs, great Heat at Stomach, Debility, and laxity of all Parts, Faltring of the Tongue, Scotomies and Darkness of the Eyes, Vertigo's, Laxity of the Cornea of the Eye, Dilatation of the Pupilla, Deadness of the Eyes to the View, Loss of Memory, Venereal Fury, a high Colour, profuse Sweats, Purging sometimes, Alienation of the Mind, Loss of Memory; and lastly, greater or lesser Effects according to the Dose, Constitution, &c. *So A long and lavish Use of both*, Causes a dull and moapish Disposition, Dropsies, Fall of humours upon Weaken'd Parts, a Sleepy Disposition, Want of Appetite, Weakness of Digestion, Aptitude to Sterility, and Abortion, early Decrepiteness, Stooping in the Back, Trembling of the Hands, Weakness of Memory, Shortness of Life, Difficulty and Danger in suddenly leaving them off, Revive such as sink for Want of either, and supply the Want of each other.

The Effects of sudden Leaving off the Use of Opium, after a long, and lavish Use thereof

Great, and even intolerable Distresses, Anxieties, and Depressions of Spirits, which in few days commonly end in a most miserable Death, attended with strange Agonies, unless Men return to the Use of Opium; which soon raises them again, and certainly restores them; if it has time to operate, before they die; which it soon does in a liquid Form. Or, if they have not Opium, or will not take it, they must use Wine very plentifully, and often, as a substitute to the Opium, tho' it doth not perform half as well as Opium. A return of all Diseases, Pains, and Disasters, that were palliated by taking of Opium . . . The Inconveniences of leaving off the Use of Opium, do bear a certain Proportion to the Time, and Quantity, that it has been used in . . . Diseases, Pains, &c. seem worse upon the Return of the Grievances, because of the great Ease they had during the Operation of the Opium . . . Therefore, Melancholy does often (if not always) happen in some degree, after its Operation is ended . . . Because (as was said) the Sense of Pleasure, newly lost, aggravates the Sorrow.

To Cure the ill Effects of a long and lavish Use of Opium

In this Case (as in that of old Drunkards, which is much the same) there is no good to be done till the habitual Cause is removed, *viz.* the Taking of Opium, which suddenly to leave off is (as was shewn) very dangerous. Therefore, in order to leave it off safely; You must stop your Hands, and not increase the Dose that is taken, by which Means it will come gradually

to have little or no Effect. When you find that it is come to that pass, your Work is half done; then only lessen it 100th Part every Day till you come to take none at all. If during this retrograde Course you find any Faintness, drink a Glass of good Stomack-Wine *toties quoties*, as Gentian, or Centary Wine, or the like, made by Infusion in Claret; or, if you want such, a Glass of the Claret it self; which Things will excite the Spirits, and help Digestion. When you have quite ended the Taking of Opium, continue to Use such Wines when you are faint, and every Morning take in a Glass of Gentian Wine Two Drams of the Chalebeate Wine described in the London Dispensatory, increasing about a Scruple every Day till you come to Half an Ounce, which take for Two Months at least, afterwards decreasing, as you encreased, till you come to One Drachm, and so give over. But if you find Occasion, you may continue that Course longer, or as long as your Physician thinks fit. After all, you may use a Glass of Claret when faint, but be sure to be moderate, and not run from one Excess to another.

NEHEMIAH GREW (1641–1712)

MD Leyden, FRCP, Fellow, Secretary and Curator for the anatomy of plants, Royal Society; physician of London

Cosmologia sacra: or a discourse of the universe as it is the creature and kingdom of God, 1701 *London, Rogers* et al. pp. 60–3

This book was written by the founder of scientific botany (who first described sex in plants) during 'his Spare Hours' from 'Duty to the Sick' as a counterblast to the 'Leud Opinions of Antiscripturists'. In Book II dealing with the 'Vital World' Grew described psychological phenomena in chapters headed 'Of Sense', 'Of Phancy', 'Of Intellectual Mind', and so on. They contain much of psychiatric interest, for instance his observation of stereotopy: 'We see also Mad People, in whom Phancy reigns, to run upon some one Action, as Reading, or Knitting of Straws, without variation'. As the extracts show Grew considered psychological at least as important as physical factors in the etiology of mental illness and stated 'Madness, and Hysterick Fits' arose 'not because the Phancy, is vitiated by the Humours; but the Humours, by the Phancy'. Unlike his contemporaries he linked 'Reason and Phancy . . . as Husband and Wife', the two faculties which are still often considered antithetical and distinct (as in the classification of psychoses into affective and thought disorders). On the analogy between the universe, the macrocosm, and man, the microcosm, Grew like Mead after him believed that 'the Sun and the Moon' by 'the Power of Gravitation' exerted 'a sort of Dominion' not only 'over those Grand Fluids, the Sea and the Air' but also 'these within . . . the Body' causing 'natural' or physiological changes such as menstruation as well as diseases like '*Epilepsys*, and *Maniacal Lunacies*'. On this theme he developed many of the propositions put forward three quarters of a century later by Mesmer, the essence of whose theory cannot be more concisely stated than in Grew's words that 'the Phancy of one Person . . . may by means of some Subtile Intervening Fluid, bind the Phancy of another. Provided, that the Phancy of the Agent be strong, and the Reason of the Patient weak, and the distance between them not over-great'.

REASON AND PHANCY

Phancy . . . also operates . . . in the Production of Diseases. Consumptions often come with Grief. From Venereal Love, Madness, and Hysterick Fits. Which many times happen, not because the Phancy, is vitiated by the Humours; but the Humours, by the Phancy. For neither a Dog, the most obscene, nor a Horse, the most Lustful of Quadrupeds, having none of those Phancies, which Men and Women have, is ever subject to these

Diseases. Some children have become Fools, or Mad, with a great Fright...

Nor is Phancy unconcern'd in the Cure of them. A Fright alone, hath sometimes put by an Ague-fit. And mitigated a Fit of the Gout. The Disorders which arise from Melancholly, by Chearfulness are amended. Most Medicines operate, and Diseases end, the better, when the Patient is Calm, and of a good Courage . . . It should not seem strange, that Phancy, which hath so great a power over the Muscules of the External Parts; may so far also govern the Internals, as these are Muscular; and consequently the Humours, which are under their Command. Phancy also operates upon Sense. Not only in the forementioned Cases, wherein it mediates between Sense and Sense: but of it self alone. Sometimes to the Diminution of Sense. So a strong Conceit of Ease or Pleasure to come, will diminish Pain. And sometimes to the Encrease of Sense, as of Pain: For a strong Conceit of Pain, is Pain. So that when it comes, is it doubled; both phancied and felt. From whence it is, that Brutes and brutish Men, are commonly more able to bear Pain, than others. In some Cases, Phancy may operate to the Creation of Sense. It may be as strong in Men, awake, as in a Dream. When through Fear, or Surprize, they may think they see, what they see not. Whereunto, we are to refer, the far greater Part of supposed Apparitions . . .

Phancy likewise operates upon Phancy. Oftentimes to its Diminution. As when Children are tempted to take Physick, by the promise of a Bawble: the Conceit of a fine Sight, extinguishing that of an Odious Taste. Hereupon is grounded the best Cure of any Passion. For few People having Reason enough to master their Conceits: the ready way, is to set one Conceit, to master another. So if a Man would marry his Children to his Mind, let him shew them all the Town: thereby keeping their Conceits at an equal Poize, till his own Advice turns the Scale. And it is the principal Means, whereby prudent Men govern the Phancies of People in most other Cases. And Phancy will many times beget and enlarge Phancy. By Connection; if one would call to mind a forgotten Name, in running over the Alphabet, we are sure to meet with the first Letter, which will bring in the rest. By Similitude, one Conceit will introduce many more; and each of these, the like: as a Tree, that divides it self into innumerable Branches: The Conceits too of Sensible Things, beget answerable Conceits of Insensibles: and so, *vice versa*. The matching whereof, is the Touch-stone of all true Wit...

The Phancy likewise of one Person, operates on that of another. So Love and other Passions, beget their kind: without the Knowledge of which, Sense alone will not do it. A Lover, may be extreamly pleased, with the Leave of his Mistress, to put off her Bodice, or put on her Shoes: But a Shoemaker, or a Tailor, is not at all concerned at it; because he knows, there is nothing of Favour in the Case. This being considered, and withal, the Subtilty of Body, and the Nicety of Motion, beyond all Thought: and that Phancy and Body, do Co-operate and Sympathize, as

well as Sense and Body; as hath been shewed: It seems not impossible, that the Phancy of one Person, though not discovered, may by means of some Subtile Intervening Fluid, bind the Phancy of another. Provided, that the Phancy of the Agent be strong, and the Reason of the Patient weak, and the distance between them not over-great. And hereupon dependeth all Natural Magick, so far as we can suppose it to have any Truth.

Nor is Phancy, without its Operation upon Reason: and that sundry ways, both to the Improvement, and the Diminution of it. Phancy may improve Reason, by its perspective Acts: or, as it furnisheth us with plenty of Materials, that is, of Conceits, for Reason to work upon. Yet plenty of Phancy, doth not always operate to plenty of Reason: but if false, or confused, unto Errour. And therefore tho' a big Head or Brain, *cæteris paribus*, may be a Mark of a well-furnisht Phancy: Yet is no certain Argument, of an exact Judgment: which depends more upon the Regular Structure, than Bulk of the Brain. And Phancy may operate upon Reason, by its Acts of Volition. As Reason is, in a sort, held in custody by those Things, which are more pleasing to the Phancy. Reason and Phancy seldom failing to bear one another Company, as Husband and Wife.

JOHN PURCELL (1674–1730)

MD Montpellier, LRCP, physician of London

A treatise of vapours, or, hysterick fits, 1702 *London, Newman & Cox* (pp. viii+158+x) pp 1–9, 120–3

A second edition 1707

The concept of 'Vapours' or 'Hysterick Fits' which was popular in the later seventeenth and eighteenth centuries illustrates one of the pitfalls of tracing the history of mental illness down the centuries by terminology. At the present time the diagnosis hysteria implies a psychological disturbance and is made when patients complain of nervous symptoms but have no organic disease. This is in contrast to the sense in which Purcell used the term as the extract shows. He took 'Epilepsies and this Distemper to be the same Disease', the difference being only quantitative as it were, not qualitative: 'an Epilepsy, is Vapours arriv'd to a more violent degree'. In this sense he applied it to all episodic disturbances of consciousness short only of cases showing the classical tonic-clonic stages of *grand mal.* His list of differential diagnoses of conditions characterised by '*Trance*' or '*Syncope*' including such very organic conditions as apoplexy and even death shows how difficult the stuporose, unconscious or catatonic patient was to diagnose at that time.

Purcell's thesis that the cause of 'Vapours' lay not in the nervous system but 'in the *Stomach* and *Guts*; whereof the Grumbling of the one and the Heaviness and uneasiness of the other generally preceding the Paroxysm, are no small Proofs' was a variant of the ancient theory of 'Vitious and corrupted humors . . . engendered in the *Womb*' rising 'up to the Head' – hence 'Vapours'. This uterine etiology also led him to allow in a general way for the operation of psychological factors, particularly ungratified desire which came to play so important a part in the psychological theories of hysteria in the nineteenth and twentieth centuries. It seems legitimate from present day knowledge of the epilepsies to speculate to what extent observation of phenomena associated with temporal lobe disturbances such as visceral and olfactory auras and autonomic upsets helped to shape etiological theories which physicians like Purcell built on what they called 'Hysterick Fits'.

The first and for long the only book on epilepsy proper was by John Andree (?1699–1785), MD Rheims, LRCP, founder of and physician to the London Infirmary (which became the London Hospital), entitled *Cases of the epilepsy, hysteric fits, and St. Vitus dance, with the process of cure,* 1746. From the 'numbers of diseased Objects' who resorted to his London Infirmary he decided 'to turn this great Opportunity to the Advantage of the Public, by making proper Observations upon the Operation of Medicines . . . And as Epilepsies

and Hysteric Fits are of late become very frequent, and reduce the unhappy Person labouring under them to the most deplorable Condition; I therefore publish here, by Way of Essay, divers Cases, by whose Example the Reader will see the Method I treated them with, and its Success'. His cases included 'Epilepsia Cursiva', 'Epileptic Fits from a Fright', '. . . after a Fever', '. . . from Pregnancy', '. . . from a Blow on the Head', '. . . from Worms', '. . . from Grief and Trouble', '. . . from Fright', 'Hereditary Syncope' and 'Palsy and Convulsions'.

THE SYMPTOMS AND DIAGNOSTICKS OF VAPOURS

Vapours, otherwise called Hysterick Fits, or Fits of the Mother, is a Disease which more generally afflicts Humane Kind, than any other whatsoever; and Proteus-like, transforms it self into the shape and representation of almost all Distempers . . . My design is, first, to number up all or most of the Symptoms and Accidents of this Disease: Next to seek out the Causes that are capable of producing them; and having Established them, to proceed to explain Mechanically the manner how they produce them: Then to speak a word or two of the Distempers which this Prognosticates, and Leads to: And lastly, to treat of its Cure.

Those who are troubled with Vapours, generally perceive them approach in the following manner; first, they feel a Heaviness upon their Breast; a Grumbling in their Belly; they Belch up, and sometimes Vomit, Sower, Sharp, Insipid, or Bitter Humours: They have a Difficulty in breathing; and think they feel something that comes up into their Throat, which is ready to Choak them; they Struggle; Cry out; make odd and inarticulate sounds, or mutterings; they perceive a Swimming in their heads; a Dimness comes over their Eyes; they turn pale; are scarce able to stand; their Pulse is weak, they shut their Eyes; Fall down; and remain senseless for some time; afterwards by little and little, their Pulse returns; their Face regains its natural colour; their Body grows hot as before; they Open their Eyes, Sigh, and by degrees come to themselves.

Sometimes the Patients in this distemper fall into such violent Fits of struggling that they can hardly be held; they Mutter odd and inarticulate Sounds, Foam at their Mouths, and Knock their Breasts. Others suffer such violent and long continued contractions of the Diaphragm and Intercostal Muscles, that their Breast and Lower Belly remain elevated for a long time together, so that they cannot draw their breath all that while; nay, some have layn for three whole days without the least sign of breathing that could be perceived by those that were about them. One complains of a violent Pain on the top of her Head, which *Sydenham* calls *Clavus Hystericus*, and it is frequently accompanied with Vomiting. Another is troubled with a Pain under her Heart, and a Reaching to Vomit . . . A third lyes with her Jaws press'd together with all the violence imaginable . . . A Fourth, upon the Smell of Civit, Musk, Amber, or any such Sweet Scent, shall fall into Fits. A Fifth, shall be molested with them,

upon any Anger, Passion or disturbance of Mind . . . A Sixth is very Thoughtful, Blushes, or grows pale on a sudden, has deprav'd Appetite, sometimes to Craveing, at other times Loathing all sorts of usual Meats . . . A Seventh will on a sudden fall into extravagant Fits of Crying, or Laughing, without being provok'd by any External Cause . . .

Lastly, we observe that those who have labour'd long under this Distemper, are oppress'd with a Dreadful Anguish of Mind, and a deep Melancholly, always reflecting on what may perplex, terrify, and disorder them most; so that at last they think their recovery impossible, and are very angry with those who pretend there is any hopes of it: The least Contradiction to their will casts them into violent Passions; they are Fickle, Wavering, and Unconstant, now resolving on one thing and immediately changing to something else, which they presently quit; and indulging their Distemper, they decline all diversions.

Note that all these Accidents do not happen to every one that has Hysterick Fits, or the Vapours; but some to one, some to another: This Person shall be molested with a great many; That, with but a few: and it suffices that any two, or three of them return'd by Intervals, to have them term'd Vapours. It is also to be observed that this distemper comes by Fits, and has its Intervals like an Ague, tho' the return be not exactly Periodical, and that in every Paroxysme the same Accidents happen, as did in the precedent, provided the Patient committed no excess in the interval . . .

This Distemper being strangely Various, and Counterfeiting several other Diseases, chiefly the Syncope, Apoplexies, Epilepsies and Convulsions; I will give you the distinctive Signs by which you may know them from any one of these Distempers. You may distinguish the Trance, which happens in Hysterick Fits, from a Syncope; first, because the Syncope lasts but a little while, whereas this Trance lasts sometimes several Hours or Days. Secondly, because a Syncope seizes on a suddain, whereas here there are always some preceeding Symptoms to be observ'd, upon a nice Examination. Thirdly, the Pulse is almost, if not quite imperceptible, in the Syncope; and in Hysterick Trances, tho' it is weak and low, yet it is far more perceptible. Fourthly in a Syncope, a cold Sweat always comes over the whole Body, which does not happen in these Trances: The Face is always Pale in the Syncope, but sometimes very Red in these Fits: In Vapours there are generally Convulsions; in an Syncope always a Feebleness or Inability of all the Parts to perform any Motion, regular or irregular.

Tho' it be very difficult to distinguish some Symptoms of this Disease from an Apoplectick Fit, (since the Patient lies equally Senseless and Motionless in both) yet by nice and diligent Observation, you will always find in these Hysterick Fits, some small Convulsions in the Hands, Feet, under Jaw, or Lips, or a fix'd Staring of the Eyes, which seldom happens in Apoplexies: tho' it be true that sometimes Convulsions do accompany

Apoplexies too. Therefore the surest way, is to examine whether the Patient be subject to Hysterick Fits or no; if she be, you may judge it to be Vapours and no Apoplexy. Another Question to be ask'd, is, if she were Born of Parents subject to Hystericks; for Vapours as well as other Diseases, are transmitted to us from our Fathers and Mothers.

I take Epilepsies and this Distemper to be the same Disease, and if there be any difference to be made between them, it only consists in this, that an Epilepsie, is Vapours arriv'd to a more violent degree; that the Convulsions are more general and more apparent over all the Body, and they Foam at the Mouth much more than in Hysterick Fits. And since Persons in this Distemper lie in Trances for whole Days, Motionless, and Senseless like Dead Bodies; (nay some have had the misfortune, as very Credible Authors assert, to have been Buried Alive in these Fits) it will not be amiss to give you some Signs whereby to know whether they be alive or not: First then, hold a very little fine Carded Wooll, a Feather, or burnt Paper before their Mouths; if they stir, it is a Sign they Breath. Secondly, put a Glass brim-full of Water upon their Breast, which will spill if the Ribs make the least Motion. Thirdly, take a Looking-Glass, wipe it clean, and put it to their Mouths, which if it sullies, 'tis a Sign they Breath; but what is most secure in this Case, and what I advise to be done to every one who is subject to Vapours, is, to keep them for three or four Days till they are sensibly perceiv'd to Corrupt.

FRANCIS FULLER

MEDICINA GYMNASTICA, 1705

Medicina Gymnaſtica:

OR, A

TREATISE

Concerning the

POWER of EXERCISE,

With Reſpect to the

Animal Oeconomy;

AND THE

Great Neceſſity of it in the Cure

OF

Several Diſtempers.

BY

FRANCIS FULLER, M.A.

LONDON:

Printed by JOHN MATTHEWS, for ROBERT KNAPLOCK, at the *Angel* and *Crown* in St. *Paul's* Church-Yard. MDCCV.

FIG. 56 Title-page of Francis Fuller's *Medicina gymnastica*, 1705.

This popular eighteenth century treatise which reached a ninth edition in 1777, was the first book on 'Medical Gymnastics' or exercise and massage in 'the Cure of Several Distempers', especially the '*Hysterick* or Hypochondriack Case'. This 'falls most under a Gymnastic Method' wrote Francis Fuller (1670–1706), MA Cantab., 'student of medicine', from 'the severest Experience, which my own Misfortunes have given me . . . because the least proper to be treated with much Internal Physick; this is a Distemper which will not drive, as we say, but if kindly treated will lead, that is, will not be expell'd by Purging, Bleeding, Sweating, or the like, but must be treated by more gentle and leisurely Methods'. By 'Exercise' and 'Frictions of the Limbs . . . the true . . . *Tension* or *Tone* of the Parts' could be restored in those cases in which symptoms arose from 'Relaxation of the Solids' due to 'Effete and Languid . . . Nerves' caused by a 'sedentary Life', while in opposite cases impossible to cure 'without an universal equal Relaxation' the excess 'Nervous . . . Tension' could be removed by the same means. Although Fuller had little chance to put his own experience into practice he knew sufficient of patients to realise that his advice would not be popular: 'I know these are hard Sayings to some People, who send for a Physician, as for one that deals in Charms, and can remove all their Afflictions, while they are wholly Passive; and they would take it very ill that they should be compell'd to a sort of Labour . . . but yet for all this, Nature will be Nature still; and if this be her Voice it must be obey'd'.

THOMAS FALLOWES (fl. 1705)

Quack, self-styled MD, owner of a private madhouse

The best method for the cure of lunaticks. With some account of the incomparable Oleum Cephalicum used in the same, prepared and administred by Tho. Fallowes, M.D. at his house in Lambeth-Marsh, 1705 *London, for the author* (pp. 22) pp. 14-22

While private madhouses figured little in the seventeenth century they became increasingly important in the eighteenth and private madhouse owners began to commit and commend themselves in print particularly when like Fallowes they could boast of an antimaniacal nostrum. Unlike his colleague Irish he did not pretend to write a treatise on insanity but came straight to the point in praise of his 'Incomparable Oleum Cephalicum' as 'the Best Medicine in the World, in all Kinds of Lunacy'. He sold it 'at Four Pound a Quart' over the counter for those who could not afford in-patient treatment in his house where he emphasised that he 'never us'd any Violence to any Patient', and that far from 'almost starv'd, in order to a Cure' he fed them well 'by good Kitchin Physick'. These claims in his advertisement throw an interesting light on practice in other madhouses and reflect the early rise of public feeling against maltreatment of the insane which gathered momentum as the century advanced and eventually led to legislation for their safeguard.

The 'Oleum Cephalicum' was of course nothing 'Incomparable' but one of the many animal, vegetable and mineral substances by which inflammation was set up on the skin of the shaven head. This was standard medical practice and regarded as an advance on the ancient method of simply removing the hair to give 'the grosse vapours' offending the brain a chance 'to fume out' (Lemnius 1576). It was believed that the running sores caused by vesicants and other counter-irritants and by the making of setons and issues facilitated the discharge of noxious humors. The more purulent they became and the longer they discharged the greater the expected therapeutic effect. As Fallowes put it, his 'Oleum Cephalicum . . . by raising small Pustules upon the Head . . . opens the Parts which are condens'd by the black Vapours . . . confirms the Texture of the Brain, strengthens the Vessels, and gives a Freedom to the Blood and Spirits inclos'd in them'. Although today this treatment like so many psychiatric treatments seems laughable if not monstrous, it must again like so many psychiatric treatments, have been followed by some cures for which *post hoc ergo propter hoc* is only one of a number of possible explanations. The astonishing fact remains that it was widely used throughout the eighteenth and nineteenth centuries, sporadically even in the twentieth and was advocated by the most respected physicians. Even the great Edward Jenner (1749–1823), MD St Andrews & *hon.* Oxon, FRS, convinced himself on the basis of a few

successfully treated cases that counter-irritation by means of an artificial eruption excited on the shaven head by tartarised antimony would cure many cases of insanity (*A letter to Charles Henry Parry . . . On the influence of artificial eruptions in certain diseases*, 1822. London, Baldwin *et al.*). And in fact tartar emetic remained in use as a counter-irritant until officially reported 'discontinued' in the *British Pharmaceutical Codex* of 1937.

A different way of producing the same result was introduced by J. C. Prichard and recorded by his son and pupil the surgeon Augustin Prichard (1818–1898), MD Berlin, FRCS in *A few medical and surgical reminiscences*, 1896 (Bristol, Arrowsmith, pp. 19-20). In the 1820s in the lunatic wards of St. Peter's Hospital his father 'originated the plan of making the long issue in the scalp . . . A cut was rapidly made with a sharp scalpel, through the thickness of the scalp from just above the occipital protuberance to the edge of the hair in front, and filled with a string of peas, which soon set up the needed suppuration as counter-irritation to the morbid process going on within the skull'. Prichard's 'long issue in the scalp' may well have been 'new' but the insertion of peas into an incision was old and indeed routine in Ryder's time (1685).

As late as 1883 at a quarterly meeting of the Medico-Psychological Association in a discussion on the therapeutic value of shock Dr (later Sir) George Henry Savage (1842–1921), physician superintendent Bethlem Hospital, consulting physician and lecturer on mental diseases Guy's Hospital, asked 'whether other members of the specialty were reverting to the old lines, as he felt most distinctly that he was doing. He would like to shave many more heads and apply many more counter-irritants than he did. There was a general feeling against it, and it did not look ornamental . . .' Dr Henry Rayner, medical superintendent Middlesex County Asylum Hanwell, lecturer in mental diseases Middlesex Hospital, said 'he had been using blistering very extensively for the last year or two, with very satisfactory results, particularly in cases of stupor'. And Dr Daniel Hack Tuke, lecturer in mental diseases Charing Cross Hospital and author of the classic *Chapters in the history of the insane in the British Isles* (1882) 'thought it would be a great pity if Dr Savage, from the idea of there being a general feeling against shaving patients' heads, should be deterred from applying so excellent a remedy as a blister or some form of counter irritation. The cases which improved after a long period of insanity, often owed their recovery to counter irritation induced either by man or nature' (*Journal of Mental Science*, 1884. Vol. 29, p. 600).

THE INCOMPARABLE OLEUM CEPHALICUM

I have discovered a noble Medicine proper to it, being the Incomparable *Oleum Cephalicum*, a Composition so very curious, and which I have known the Use and Benefit of in so many Instances, that I can venture to assure it to be the Best Medicine in the World, in all the Kinds of Lunacy I have met with. It is of an excellent and most pleasant Smell; and by raising small Pustules upon the Head, which I always anoint with it, opens the Parts which are condens'd, and made almost insensible, by the black Vapours fix'd upon the Brain; it confirms the Texture of the Brain, strengthens the Vessels, and gives a Freedom to the Blood and Spirits

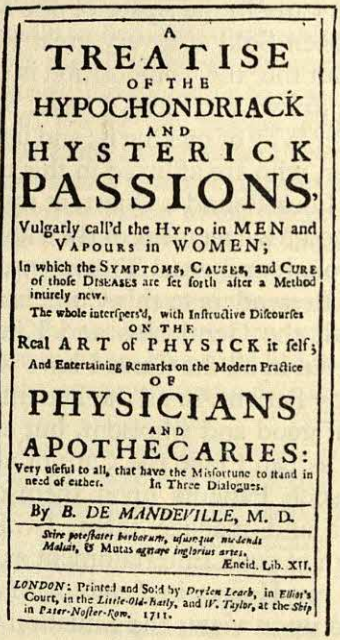
inclos'd in them: Being given at first beginning of Disorder, it removes the Cloudiness of the Mind, makes the Patient chearful, lively and active, and when apply'd after the greatest Fury and Passion, it never fails to allay the Orgasm of the Animal Spirits, and sweetly compose 'em. It removes the Terror of the Mind, scatters the Vapours that are the Cause of Enormous Dreams, to which Distracted Persons are almost constantly subject; and procures quiet easy and natural Sleep, to which when the Patient can be brought, without the use of Opiates, he cannot miss of an entire Cure; the Distemper will soon be discharg'd, and I have known it frequently to produce a Cure in the Space of one Month.

This Medicine has been Sold at a very great Price, I having had Ten Pound a Quart for it: But tho' the Composition is extreamely rich, and the Drugs from which it is drawn very dear, I have, by frequent Experiment, discovered a much better Way of making it; and upon this Account, and in Compassion to the Poor, who are afflicted in this manner, have prepar'd a Quantity to be sold at Four Pound a Quart, at my House . . .

It must be own'd, good Management of the Patient is a great Assistance to the Cure; and the rough and cruel Treatment, which is said to be the Method of most of the Pretenders to this Cure, is not only to be abhorr'd, but on the contrary, all the Gentleness and Kindness in the World, is absolutely necessary, even in all the Cases I have seen; and as I have never us'd any Violence to any Patient, so all the Patients in my House have not only constant Plenty of good and wholsom, but also variety of Food . . . And for such Persons as can't take the Care of applying the *Oyl*, or the Toil and Burden of such Patients upon themselves, or that have not Conveniency to order and manage them, (which is an inexpressible Trouble,) I assure them of such Entertainment as is fit for Persons of any Degree or Quality, in my House, in *Lambeth-Marsh*. The Conveniences may be easily observ'd upon view; the Situation is in an Air neither too subtle and thin, nor too gross; the Gardens to the House are Commodious, Large and Pleasant, into which the Patients are admitted, in their Intervals, and with a Person to attend them. There is as much Privacy as can be desired, and very good Rooms, and 'tis within such a Distance from the City as any Patient may be visited by their own Physitian or Chirurgion, if they think fit; for I shall be ready to admit them: And as Chalibeat Waters and Cold-bathing are of great Use in this Case, so we have the Advantage of being nigh to Lambeth-Waters, which are universally, and justly esteem'd as good as any; and to the Cold Bath in Southwark-Park, which is an excellent Cold Spring, and whither my Servants can easily attend any Patient. I shall attend any Gentleman to consult upon the Case of his Friend, and am always ready to serve Mankind upon such Terms as shall be acknowledg'd Reasonable, proportion'd to the Character and Condition of every Patient.

BERNARD MANDEVILLE

HYPOCHONDRIACK AND HYSTERICK PASSIONS, 1711



A
TREATISE
OF THE
HYPOCHONDRIACK
AND
HYSTERICK
PASSIONS,
Vulgarly call'd the HYPO in MEN and VAPOURS in WOMEN;
In which the SYMPTOMS, CAUSES, and CURE of thoſe DISEASES are ſet forth after a Method intirely new.
The whole interſpers'd, with Inſtructive Diſcourſes ON THE
Real ART of PHYSICK it ſelf;
And Entertaining Remarks on the Modern Practice OF
PHYSICIANS AND APOTHECARIES:
Very uſeful to all, that have the Misfortune to Stand in need of either. In Three Dialogues.
By B. DE MANDEVILLE, M. D.
Stire poteſtates Herborum, uſumque nocendi
Mulat, & Mutas agnare inglorius artes.
Æneid. Lib. XII.
LONDON: Printed and Sold by *Dryden Leach*, in *Elliot's* Court, in the *Little-Old-Baily*, and *W. Taylor*, at the *Ship* in *Pater-Noſter-Row*. 1711.

FIG. 57 Title-page of *A treatise of the hypochondriack and hysterick passions*, 1711 (a third edition 1730) by Bernard Mandeville, MD Leyden, medical practitioner of London.

This was the first book on minor mental maladies 'writ by way of Information to Patients' rather than 'to teach other Practitioners', and to make what he had to say 'palatable' Mandeville wrote in dialogue form between patient and doctor as more intelligible than 'a bare recital of different Symptoms confusedly huddled together'. Incidentally he gave a graphic account of his own attack of melancholy when he developed the delusion that he had syphilis: 'it is no longer ago, than last Winter, That I could not be persuaded, but that I was Pox'd to all intents and purposes . . . The losing of my Nose, my Palate, my Eyes, and all the Fright and shameful Consequences of that Disease possess'd my fancy'.

SIR JOHN FORTESCUE-ALAND (1670–1746)

Justice of the Common Pleas, Solicitor General

Reports of select cases in all the courts of Westminster-Hall, 1748 *London, Lintot* pp. 166-7

This case 'The Queen versus Fellows, Dr. of Physick' tried in 1714 is possibly the earliest recorded conviction of a mad-doctor (perhaps 'Dr.' Fallowes) for illegally detaining and maltreating a sane person 'as a Madman'. It is quoted here to draw attention to the fact that certification which later played such an important part in the care of the insane had its roots as much in safeguarding the sane from wrongful confinement as in protecting the insane.

CONVICTION FOR MALTREATING A SUPPOSED LUNATIC

I Moved for Judgment against the Defendant, to have corporal Punishment, because he was worth nothing. It was a Conviction on an Information in K[ing's] B[ench] for assaulting and beating one Alderman, pretendind he was Lunatick, and for imprisoning him as a Madman, *quousque* he procured him to sign and execute a Letter of Attorney directed to his Wife, by colour of which he had received and disposed of to the Value of 1000*l.* but it did not set out that it was disposed of to his own Use . . . the Defendant had Judgment given against him, it appearing by the Evidence, that by this Cheat and Violence he had procured to himself about 1000*l.* that he had debauched his Wife, that pretending to cure him of Lunacy, he beat him, hand-cuff'd him, gave him several strong Purges in the Night, and carried him at one or two o'Clock in the Morning bare-headed when it rained.

The Judgment was, To stand in the Pillory, to be sent to the House of Correction in Southwark, and to be whipped naked, and to be kept at Work there for the Space of a Year, to be fined 600*l.* and to find Sureties for his Behaviour during Life.

ANONYMOUS

MRS. CLARK'S CASE, 1718



Mrs. *CLARK*'s

CASE.

THE unjuſtifiable Treatment of this worthy Lady as a Lunatick, having made ſo much Noiſe in the Town, I perſuade my ſelf, that this impartial and conciſe Account of the Matter of Fact, as well as the Obſervations made upon it, will not be unacceptable to the Publick.

Mrs. *Clark*, a Gentlewoman of Seventy Three Years of Age, was look'd upon as Diſtracted by her Relations, and were confirm'd in their Opinion by the Judgment of Four Phyſicians, who

FIG. 58 First page of *Mrs. Clark's case*, 1718 (London, Roberts; a second edition in the same year).

This was the first of many pamphlets exposing the ease with which a person 'look'd upon as Distracted' could be constrained and confined in the absence of a generally accepted manner of certification: 'her Doors were secur'd by hir'd Porters, her Goods sent away, her Money seiz'd, her Servants turn'd out, and her Friends deny'd to see her'. This shows that certifying procedures and their modifications were introduced in the first instance not so much to legalise the depriving an insane person of his liberty as to protect a sane man from unlawful confinement 'as a Lunatick'. Mrs Clark herself was fortunate in being 'rescu'd by Force' by a friend whereupon her case was re-heard before the Lord Chief Justice (who on a previous occasion had refused 'to enlarge her') and this time she was 'set at Liberty'. The physicians involved included Dr John Freind and Dr Richard Mead who 'carry'd Dr. *Hales* the Physician of *Bedlam* to Mrs. *Clark*' – in the manner of a specialist consultation.

AN ACT OF PARLIAMENT

FOR REDUCING THE LAWS RELATING TO ROGUES, VAGABONDS, STURDY BEGGARS, AND VAGRANTS, INTO ONE ACT OF PARLIAMENT: AND FOR THE MORE EFFECTUAL PUNISHING SUCH ROGUES, VAGABONDS, STURDY BEGGARS, AND VAGRANTS, AND SENDING THEM WHITHER THEY OUGHT TO BE SENT, 1714 12 Anne, c. 23

Anno Duodecimo

Annæ Reginæ.

An Act for Reducing the Laws relating to Rogues, Vagabonds, Sturdy Beggars, and Vagrants, into One Act of Parliament; And for the more effectual Puniſhing ſuch Rogues, Vagabonds, Sturdy Beggars, and Vagrants, and ſending them whither they ought to be ſent.

Whereas many Parts of this Kingdom are extremely Oppreſſed by the uſual Method of Conveying Vagabonds or Beggars from County to County, by having ſuch Perſons Conveyed as Vagrants, who ought not ſo to be, Be it Enacted by the Queens moſt Excellent Majeſty, by and with the Advice and Conſent of the Lords Spiritual and Temporal, and Commons in this preſent Parliament Aſſembled, and by the Authority of the ſame, That all Perſons pretending themſelves to be Patent-gatherers, or Collectors for Priſons, Goals, or Hoſpitals, and Wandring abroad for that purpoſe; All Fencers, Bear-wards, Common Players of Inter-

FIG. 59 First page of the Act of Parliament 1714 which contained the first legislation for pauper lunatics.

This was the first Act in which pauper lunatics were separately named and distinguished from disorderly persons, idle rogues, vagabonds, and sturdy beggars, who had long been the object of legislation. Whereas previously lunatics could be confined under a justice's *mittimus* according to 'the doctrine of our antient law, that persons deprived of their reason might be confined till they recovered their senses, without waiting for the forms of commission or other special authority from the crown' (Blackstone 1765), this Act specifically empowered two magistrates to order confinement of the 'furiously Mad' for as long a period as 'such Lunacy or Madness shall continue' [see FIG. 59]. Although treatment during confinement was not provided for, the Act made an advance by exempting lunatics from the whipping to which they had formerly been liable and which remained in force for rogues and vagabonds.

This Act has long been overlooked and that of 1744 (17 Geo. II, c. 5) mistakenly considered the first legislation for pauper lunatics because only in the later Act was the relevant section distinguished by a marginal heading 'Lunaticks, how to be disposed of'. The Act of 1744 in addition charged parishes not only with 'removing, keeping and maintaining' a pauper lunatic 'in some secure Place' but also with 'curing such Person during such Restraint' – the first reference in legislation to treatment of the insane [see FIGS. 60(a) and (b)].

And whereas there are ſometimes in Pariſhes, Towns and Places, Perſons of little or no Eſtates, who, by Lunacy, or otherwiſe, are furiouſly Mad, and dangerous to be permitted to go Abroad, and by the Laws in being, the Juſtices of Peace and Officers have not Authority to Reſtrain and Confine them; Be it therefore Enacted by the Authority aforeſaid, That it ſhall and may be Lawful for any Two or more of the Juſtices of the Peace of any County, Town or Place in England, Wales, or Town of Berwick upon Tweed, where ſuch Lunatick or Mad Perſon ſhall be found, by Warrant under their Hands and Seals, directed to the Conſtables, Church-wardens, and Overſeers of the Poor of ſuch Pariſh, Town or Place, or ſome of them, to cauſe ſuch Perſon to be Appre-

FIG. 60(a) Beginning of section in the Act of 1714 in which the 'Lunatick and Mad' were for the first time mentioned separately from the group of 'Rogues, Vagabonds, Sturdy Beggars, and Vagrants'.

And whereas there are ſometimes Perſons, who by Lunacy, or otherwiſe are furiouſly mad, or are ſo far diſordered in their Senſes, that they may be dangerous to be permitted to go abroad; be it therefore enacted by the Authority aforeſaid, That it ſhall and may be lawful for any Two or more Juſtices of the Peace, where ſuch Lunatick or mad Perſon ſhall be found, by Warrant under their Hands and Seals, directed to the Conſtables, Church-wardens, and Overſeers of the Poor of the Pariſh, Town, or Place, or ſome of them, to cauſe ſuch Perſon ſo to be apprehended, and kept ſafely locked up in ſome ſecure Place, within the County or Precinct, where

Lunaticks, how to be diſpoſed of.

 ſuch

FIG. 60(b) Corresponding section from the Act of 1744 showing marginal heading 'Lunaticks, how to be disposed of'. (An earlier amending Act of 1740 carried the marginal heading 'Lunaticks to be taken care of'.)

And whereas there are sometimes in Parishes, Towns and Places, Persons of little or no Estates, who, by Lunacy, or otherwise, are furiously Mad, and dangerous to be permitted to go Abroad, and by the Laws in being, the Justices of Peace and Officers have not Authority to Restrain and Confine them; Be it therefore Enacted by the Authority aforesaid, That it shall and may be Lawful for any Two or more Justices of the Peace of any County, Town or Place in England, Wales, or Town of Berwick upon Tweed, where such Lunatick or Mad Person shall be found, by Warrant under their Hands and Seals, directed to the Constables, Church-wardens, and Overseers of the Poor of such Parish, Town or Place, or some of them, to Cause such Person to be Apprehended, and kept safely Locked up, in such secure Place within the County where such Parish or Town shall lie, as such Justices shall, under their Hands and Seals, direct and appoint, and (if such Justices find it necessary) to be there Chained, if the last Legal Settlement of such Person shall be in any Parish, Town or Place within such County, and if such Settlement shall not be there, then such Person shall be sent to the Place of his or her last Legal Settlement, as Vagrants by this Act are directed to be sent (Whipping excepted) and shall be kept safely Locked up or Chained, as aforesaid, and the Charges of Keeping and Maintaining such Person, during such Restraint (which shall be for and during such time only as such Lunacy or Madness shall continue) shall be satisfied and paid by Order of Two or more Justices of the Peace for the County, Town, or Place where such Settlement shall be, out of the Estate of such Person, if such Person hath an Estate to pay and satisfie the same, over and above what shall be sufficient to Maintain his Wife and Children, if he hath any; and if he hath not such an Estate, then the Charges of Keeping and Maintaining such Person, during such Restraint, shall be satisfied and paid by such Ways and Means, as the Poor of such Parish, Town or Place, are by the Laws in being to be provided for.

ANDREW SNAPE (1675–1742)

MA, DD Cantab., Headmaster of Eton, later Provost of King's College and Vice-Chancellor of Cambridge University; chaplain to Queen Anne and George I

A sermon preach'd before the right honourable the Lord-Mayor, the Aldermen, Sheriffs, and Governours of the several hospitals of the City of London, in St. Bridget's Church, on Easter Wednesday, April 16. 1718 *London, Bowyer* pp. 9-12, 14-5

A second edition 1731

By ancient custom the five hospitals of the City of London of Royal foundation St. Bartholomew's, St Thomas', Christ's, Bridewell and Bethlem, were annually during Easter week recommended to public patronage in sermons preached by dignitaries of the Church before the governors and city fathers. They were known as 'Spital Sermons' because as Henry King, Bishop of Chichester explained in *A sermon of deliverance. Preached at the Spittle*, 1626 (London, Marriot, p. 48) '*Spittles* [are] for cure of the diseased . . . *Hospitals* for the entertainment of the Aged and Nurserie of Orphans'. They were originally preached at St Mary Spittal but after the Restoration at St Bridget's (St Bride's). Towards the end of the seventeenth century it was the practice for preachers not only to mention the hospitals by name but also to review their year's work such as admissions and discharges of patients, the numbers cured, alterations in buildings, plans for expansion, and so on. These constitute the earliest printed annual reports as it were of Bethlem and contain information not otherwise obtainable. For example George Hickes (1642–1715) chaplain to the King, in 1684 gave the following statistics of the new Bethlem hospital erected in Moorfields in 1676 to the design of Robert Hooke: 'Brought into Bethlem Hospital the last year Distracted Men and Women 75; Cured of their Lunacy, and discharged thence the said year 41; Distracted Persons buried last year 13; Now remaining there under Cure, and provided with Physick, Dyet, and other Relief, at the Charge of the said Hospital 118'.

Matthias Mawson (1683–1770), Bishop of Ely, recorded in the Spital Sermon of 1741 the progress of the recently added wings for 'Incurable Lunaticks' or chronic insane of whom 'there are already 93 admitted'. It had previously been the custom to admit into Bethlem only patients deemed 'curable', that is those ill for less than one year (the 'mopish' or idiots and the paralysed and epileptic were not eligible). Patients who had not recovered within twelve months were reckoned 'incurable' and discharged, which, as Mawson put it was 'Deplorable as to themselves and often Dangerous to others'. He gave the following figures: 'Admitted . . . this last Year, distracted Men and Women 173; Cured of their Lunacy, and Discharged thence the said Year, several of which were Relieved

with Cloathing and Money at their Departure 119; Distracted Persons Buried the last Year . . . 46; Now remaining . . . under Cure, and provided for with Physick, Diet, and other Relief . . . 223'. Incidentally Mawson used probably for the first time the designation 'out patients' as opposed to 'in patients' with whom hospitals had mainly dealt: 'Besides which, divers Persons who have been Cured in the said Hospital, are provided with Physick, as Out Patients, at the Charge of the said Hospital, to prevent a Return of their Lunacy'. However, the many chronic insane who could not be admitted remained a major social problem and the preacher of the Spital Sermon in 1759 'particularly recommended', even on his title page, 'The Case of Incurable Lunaticks' [see FIG. 83].

Snape's Spital Sermon deserves a special place because it was the first in which 'Distraction' was discussed psychiatrically and not only theologically, morally or numerically. Far from considering insanity a falling from grace or visitation for sin Snape stated that madness attacked 'Persons of the greatest Genius, of the finest Parts and most lively Imagination', and believed restitution was possible if 'the Mind' can 'recover its former Justness and Regularity of Thought'. It would be a mistake to assume that the influence of Spital Sermons was necessarily ephemeral; on the contrary Snape's views that insanity was due to too excited and deluded an imagination was adopted by William Battie (1758) who had been a favourite pupil of his both at Eton and later at King's and who may well have been stimulated by him to make 'madness' his specialty. What Snape had preached and Battie later taught was the opposite of the generally held view that the essence of madness was vitiated judgment and impaired intellect which long perpetuated confusion between mind and brain disease and negated attempts at psychological understanding. Much of Snape's text quoted here was plagiarised by Robinson (1729) in his *New system of the spleen, vapours, and hypochondriack melancholy* (pp. 244-6), who in turn was paraphrased without acknowledgment in *A dissertation upon the nerves*, 1768 by William Smith MD, so that Snape's sentiments were carried in the psychiatric literature for more than fifty years.

SPITAL SERMON

But besides Sin and Ignorance, there is a third Sort of Blindness incident to Human Minds: and that is Distraction, which divests the rational Soul of all its noble and distinguishing Endowments, and sinks unhappy Man below the mute and senseless Part of the Creation: even brutal Instinct being a surer and safer Guide than disturb'd Reason, and every tame Species of Animals more sociable and less hurtful than Humanity thus unmann'd. Sad Blemish of our Nature! most mortifying Reflexion to consider, that our boasted Reason is not given us by any certain Tenure for the Term of our Natural Lives, but that something with a Human Shape and Voice may for many Years survive all that was Human besides! Frail Man indeed! So liable to be degraded, by the Loss of that very Faculty for which he values himself so highly, and he who values himself most highly upon it, in the greatest Danger of being so degraded. Persons of the greatest Genius, of the finest Parts, and most lively Imagination,

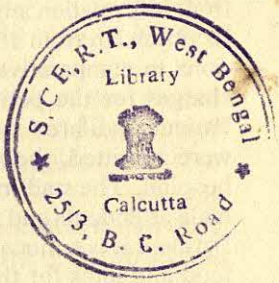
whose Brain is of a more delicate and subtle Texture than that of other Men; are observed in many of their Flights to border very nearly upon Frenzy, and too often they do more than border. Whilst the aspiring Soul is pursuing some lofty and elevated Conception, soaring to an uncommon Pitch, and teeming with some grand Discovery; the Ferment proves too strong for the feeble Brain to support, the Intenseness of Thought disconcerts the slender Fibres; the thin Partitions and Inclosures, that keep the Ideas separate, and rang'd in a beautiful Order, are burst in sunder by the Force of the labouring Imagination, and the whole Magazine of Notions and Images lye jumbled together in a common Heap, and mingled in wild Confusion.

When once the Mind has receiv'd such a total Crush, no Operation can afterwards be expected from it, that is regular, uniform, and even; every thing will be done by Fits and Catches, and almost each Minute will shew it in all the Diversity of Passions; unless in such Cases where the Breach was made by the Excess of some one predominant Passion. The Gay and Merry, the Doleful and Complaining, the Fond and Loving, the Angry and Revengeful, the Silent and Sullen Humour, succeed one another by sudden Starts, without any Occasion administer'd, without any Object to excite them.

Sometimes a short Interval of Reason begins to dawn, but is lost and intercepted again, by some odd Caprice that comes cross the Imagination, before any rational Conclusion can be form'd, or any consistent Purpose of Mind be utter'd. So that the Discourse which began with a seeming Earnestness, and rais'd Expectation of something not only serious and coherent, but of great Importance; expatiates into idle Rambling, and goes off in unintelligible Jargon. The sober and solemn Look into which the Visage had compos'd it self, the Air and Deportment of a most reserv'd Gravity, breaks out in an Instant into loud unseasonable Laughter, into apish Gestures, and antick Mimickry. No Sense of Honour or Decency then remains, no Regard is paid to the Number or Character of the Beholders. The Restraints of Fear and Shame are quite laid aside, and stubborn Self-Will and brutal Concupiscence discover themselves without any Check or Guard.

In some Cases indeed the Discomposure of Mind is not quite so shocking, nor the Concussion so violent, but that the shatter'd Ideas may recollect themselves again, the Delusion may cease, and the Mind recover its former Justness and Regularity of Thought. But in Order to this, there is need of Art and Skill, of proper Remedies, and a strict Confinement of the Person so afflicted . . . In Commiseration of those unhappy People, who are bereft of the dearest Light, the Light of Reason, who are transported out of their Senses by the impetuous Hurry of a Lunacy or Frenzy, who have lost all Remembrance of, or at least all Regard for themselves, their Affairs, their Friends, and whatever they us'd to take Delight in; who are not only unqualified to bear their Share in rational Conversation, but

become even dangerous to be convers'd with; in Pity, I say, to their deplorable Case, you have a large Place of Reception [Bethlehem] appropriated to such Patients, where proper Care is taken that they shall neither harm themselves nor others, and where by the Help of such Physick and Diet, and other Management, as the Nature and Degree of each Person's Distemper calls for; many of those distracted People, are, thro' God's Providence, and such charitable Endeavours, recover'd from that inconsistent Raving and Wildness of Imagination, and restor'd to a sound and perfect Mind.



JOHN STRYPE (1643–1737)

MA Cantab. & Oxon, minister of Leyton, Essex; ecclesiastical historian and antiquary

A survey of the cities of London and Westminster . . . Written at first in the year MDXCVIII. By John Stow . . . Corrected, improved, and very much enlarged . . . to the present time; by John Strype, 1720 *London, Churchill* et al. 2 vols. Vol. 1, pp. 192-7

Bethlem Hospital was the only 'receptacle' for the insane in England until the opening of Bethel Hospital, Norwich, in 1724 and St Luke's, London, in 1751, and therefore occupies an unique place in the history of the insane in the British Isles. Strype published the first detailed account of its history and management from information supplied by Edward Tyson (1650–1708), MD, FRCP, FRS, its physician from 1684 to his death who is today remembered for his contributions to comparative anatomy. It included an analysis of admissions and discharges for the period of Tyson's superintendency during which 'above two Patients in Three' were discharged cured; as well as an account of how patients were admitted, their accommodation, diet and treatment, and the rules of the hospital. The staff included 'Three Basket Men' – subsequently called keepers, male attendants and finally male nurses, whose title derived from the days when Bethlem was a monastic foundation and monks with baskets went out to gather food and alms for the sick.

As the extract shows, even in Tyson's time there existed provision for aftercare both by 'Medicines . . . for the preventing of any Relapse' and financial assistance to help patients re-establish themselves in the world. How this worked in practice is shown by two entries in the *Bethlem Hospital Committee Book* (MS.) dated 6 May and 3 June 1710:

'Sarah Carter . . . being this day Called before the Committee she appearing in the Judgment of the Committee and Doctor to be restored to her Senses It is Ordered That she be forthwith discharged from this Hospital And she desiring to goe into Essex where she sayes she has formerly lived Itt is Ordered that fforty shillings be given unto her out of Doctor Tysons's Gift thirty shillings whereof is to be laid out by the Steward of this house for Necessary Apparell & Clothing for her and that the remaining ten shillings be given her to bear her Charges into the Country'.

'Ordered That Sarah Walker be forthwith discharged out of this Hospital and that the Steward give unto her twenty shillings to putt her in a way to gett a Livelyhood'.

DESCRIPTION OF BETHLEM HOSPITAL COMMONLY CALLED BEDLAM

The Hospital of St. Mary of Bethlem, seated in Bishopsgate Ward, without the City Wall, betwixt Bishopsgate-street and Moorfields; first founded by Simon Fitz Mary, one of the Sheriffs of London, in the Year of our Lord 1246 . . . K. Henry VIII. gave this House to the City of London [1547]. They converted it to a House or Hospital for the Cure of Lunaticks . . . This Hospital stood in an obscure and close Place, near unto many common Sewers; and also was too little to receive and entertain the great Number of distracted Persons, both Men and Women. Therefore upon a charitable Consideration of the same, the Lord Maior, Aldermen, and Common Council of the City of London, did grant unto the Governors a sufficient Piece of Ground against London Wall on the Southside of the Lower Quarters of Moorfields. And in pursuance thereof they did proceed to build a new Hospital, which now shews a stately and magnificent Structure, containing in length from East to West 540 Foot, and in Bredth 40 Foot, besides the Wall which incloseth the Gardens before it . . . And besides this Garden, there is at each end another for the Lunatick People, when they are a little well of their Distemper, to walk in for their Refreshment . . .

But to give yet a further and more particular Account of the present State of this noble and useful Foundation, the late learned Physician to the same, Dr. Edward Tyson, was, upon my Solicitation, pleased to draw up this brief Relation following . . .

Out of the Committee appointed for Bethlem, there are six to meet weekly, who on Saturday examine the Steward's Account of Expences for the Week preceding; and after it is approved, they sign it: They are likewise to view the Provisions, the Patients that are to be received or discharged; and direct other Matters belonging to the said Hospital.

In the Passage just within the Hospital are hung up these Orders.

An Abstract of Orders of Court made the 30th of March 1677, *for the good Government of the Hospital of* BETHLEM.

I. That the Bell be rung at Sun setting every Evening, Summer and Winter; and that then all Persons do depart, and that afterwards no Persons be admitted in, but Quality or Governors.

II. That no Servant go out of the Hospital till half an Hour after ringing of the Bell; nor stay out after Eight from *Michaelmas* to *Lady Day*, nor after Ten from *Lady Day* to *Michaelmas*; and that but one half of them be out at one time.

III. That the Back Gate at *London Wall* shall always be kept shut, except extraordinary Occasions of bringing in Beer, *&c.* and that no Person shall come in to see the Lunaticks that way.

IV. That no Person, except Governors, shall be permitted to see the Lunaticks on *Sundays*.

V. That no Person do give the Lunaticks Strong Drink, Wine, Tobacco, or Spirits: Nor be permitted to sell any such thing in the Hospital.

VI. That such of the Lunaticks as are fit, be permitted to walk in the Yard till Dinner-time, and then be lock'd up in their Cells; and that no Lunatick that lies naked, or is in a Course of Physick, be seen by any Body, without Order of the Physician.

VII. That no Servant, or other Person whatsoever, shall take any Money given to the Lunaticks, to convert the same to their own Use, but the same to be kept for the Lunaticks, till recovered, or laid out for them in the mean time, as the Committee thinks fit.

VIII. That no Officer or Servant shall beat or abuse any Lunatick, nor offer any Force to them, but upon absolute Necessity, for the better governing of them.

IX. That no Person do presume to ask any Person for Money, till such Person's Charity be first put into the Poor's Box; and that what afterwards shall be given to such Servant, be put by him into the Servants Box, to be distributed among them, pursuant to an Order of Court for that purpose.

X. That some of the Committee go weekly to the said Hospital, to see the Provisions weighed; and that the same be good, and rightly expended. That the Men Servants shall attend the Delivery of the Diet to the Lunatick Men, and the Women Servants to the Lunatick Women . . .

1699. And that care is taken of these poor Lunatick Patients, not only in the House, but likewise when discharged thence, appears by these following Inscriptions: A Person unknown gave by the Hands of Dr. Edward Tyson Fifty Pounds, for providing Medicines for such poor Patients as have been cured in this Hospital, for preventing their Relapse.

1701. The same Person by the Hands of Dr. Edward Tyson gave one Hundred Pounds more, to be distributed by him to such Patients as shall be cured in the said Hospital, toward their present Subsistance or Cloathing when discharged thence. By the Constitution and Custom of the House, the Persons that put in the Patients were obliged to provide them Cloaths while they continued there; but it being observed, that for want of them they suffered in their Health, not being timely provided, the Weekly Committee, and other Governors, and other charitable Persons, have contributed towards erecting and furnishing a Wardrobe [1691] . . .

Dr. Tyson informed me, that from the Year 1684 to 1703 . . . there had been in this Hospital 1294 Patients; of which Number had been cured and discharged 890, which is above two Patients in Three . . . They have a Minister also to whom they allow 20.*l* a Year, whose Office is to visit the

Lunaticks, and to instruct and pray with such of them as are capable of it; and to do other Spiritual Offices among them.

Now concerning the Lunaticks themselves, and the Management of them. The Method of admitting Patients into the Hospital is this; that the Patient be brought upon Saturday, when the Committee meets, to be viewed by them and the Physician; and if he be judged a fit Object for that Hospital, then there is a Warrant drawn up by the Clerk of the Hospital, to be signed by the President; or in his Absence by the Treasurer, for his Admittance. And those that put the Patient in are obliged to give Bond to be signed by two Persons, to take him away when discharged the House; or if he dyes to be at the Charge of burying him.

Now those are judged the fittest Objects for this Hospital that are raving and furious, and capable of Cure; or if not, yet are likely to do mischief to themselves or others; and are Poor, and cannot be otherwise provided for. But for those that are only Melancholick, or Ideots, and judged not capable of Cure, these the Governors think the House ought not to be burthened with.

As to the Care and Cure of the Patients, here is undoubtedly the greatest Provision made for them of any publick Charity in the World; each having a convenient Room and Apartment to themselves where they are locked up a Nights; and in it a Place for a Bed; or, if they are so senseless as not fit to make use of one, they are every Day provided with fresh and clean Straw. Those that are fit for it, at convenient Hours, have liberty to walk in the long Galleries, which are large and noble. In the Summer time, to air themselves, there is two large Grass Plats, one for the Men, and another for the Women. And in the Winter a Stove for each apart, where a good Fire is kept to warm them. In the Heat of the Weather, a very convenient Bathing Place to cool and wash them, and is of great Service in airing their Lunacy; and it is easily made a hot Bath for restoring their Limbs when numbed, or cleaning and preserving them from Scurvey, or other cutaneous Distempers. Their Diet is extraordinary good and proper for them, which every Week is viewed by a Committee of the Governors. And though the Friends that put in the Patients are obliged to provide Cloaths, yet it being observed, that for want of a timely Supply they have often suffered, there is a Wardrobe erected, from whence they are furnished. For though when raving and furious they do not suffer much from the Weather, yet in the Intervals they are liable to it, and often contract other Distempers, care of which is likewise taken as well as of their Lunacy . . . there is nothing of Violence suffered to be offered to any of the Patients, but they are treated with all the Care and Tenderness imaginable. If raving and furious, they are confined from doing themselves or others Mischief. And it is to the Credit and Reputation of the Hospital, that in so great a Number of Lunaticks that are constantly kept there, it is very rare, and in many Years, that any one Patient makes away with himself.

And not only Provision is made, and Care taken for these Patients, whilst in the Hospital, but likewise when cured and discharged, there is an Obligation in the Bond given, when they are admitted, whereby they are required to take them out in order to provide for them. But where they are destitute of Friends, and unprovided with common Necessaries, a Charity was given by a Person unknown, at the Physician's Discretion, to give what he shall think convenient for their present Subsistence, or to provide them with Cloaths for the present till they shall fall into Business: And likewise Provision is made to furnish any Patient that hath been in the Hospital with Medicines *gratis*, for the preventing of any Relapse; which hath been of great use to these poor Creatures, and so necessary a Charity and useful, that 'tis hoped both will be supplyed when the Sums given are expended.

When a Patient is cured and to be discharged, he is called before the Committee of the Governors and Physician; who examine him, and being found fit to be discharged, the Physician gives a Certificate of the same; and then the Steward of the House takes care to see him delivered to his Friends . . . The Time of Cure is uncertain: Some have been cured in a Month, Two or Three: Some continue distracted many Years. To the Question, Whether there be more Men or Women Lunatick kept here, the Answer was, there have been no Inequality of Number observed as to the Sexes.

The State of this Hospital given in, in the Year 1704, was thus:

Distracted Men and Women then brought in were,	64
Cured of their Lunacy and Discharged,	50
Buried,	20
Then under Cure,	130

The Officers and Servants of this Hospital, in the Year 1707, were as follows: Sir Samuel Dashwood, Knight and Alderman, President. Thomas Gardiner, Esq; Treasurer. Edward Tyson, M.D. Physician. [C.] Talmon, Chirurgeon. John Adams, Apothecary, who hath no Salary but was paid for his Physick at a certain Price. Benjamin Timme, Clerk. Thomas Yale, Steward. Francis Wood, Porter. His wife, Matron. Three Basket Men. A Nurse. Two Women for the Patients. One Cookmaid.

PETER SHAW (1694–1763)

MD Cantab., FRCP, FRS, physician to George II and III; editor of Bacon and Boyle and translator of works by Hoffman, Stahl and Boerhaave

1. *The juice of the grape: or, wine preferable to water . . . By a Fellow of the College*, 1724 *London, Lewis* pp. 40–5
2. *The reflector: representing human affairs, as they are; and may be improved*, 1750 *London, Longman* pp. 227–30

Like all great clinicians Shaw realised that psychological factors were potent in causing and curing disease but unlike most of his contemporaries treated emotionally disturbed patients without drugs and what is more resisted the demands of those who 'had a great Inclination to Physick' (a list of popular nervous remedies is shown in FIG. 61). Instead he prescribed good cheer and how he did so is illustrated from one of his case histories. This attitude made him refreshingly critical of effects often mistakenly and mischievously credited to medicines, a theme on which he enlarged in the second extract.

JUICE OF THE GRAPE

I come now to the last Distemper, wherein I design to shew the extraordinary Virtues of the exhilerating Juice of the Grape; and that is a very general one, the Hippo . . . since it chiefly affects those who employ their Minds much more than their Bodies, and such as lead a sedentary unactive Life; the Use of Wine duly proportion'd to the Case, and accompanied with proper Exercise and chearful Conversation, seems to be the best Cure for it; and actually seldom fails to relieve the Patient; at least for a Season. And thus much may be fairly collected from Doctor Sydenham himself, who had well considered this odd Disease . . . he agrees with the great Hippocrates, who . . . says, 'tis eminently serviceable in all Perturbations of the Mind . . . But farther, to shew how advantageously Wine may be used in this Distemper, I shall subjoin a few Instances, wherein it has prov'd remarkably serviceable.

A Maiden Gentlewoman of a considerable Fortune, having been for many Years subject to the hysterical Disease (which is the same in Females as the Hippo in Men;) and finding no Relief from taking such Quantities of Cathartick, Antihysterick, Bezoartick and Chalybeate Medicines, as for several succeeding Years cost her Eighty Pounds per Annum, she at length consulted me; being at that time reduced to a very low State indeed, and worn almost to a Skeleton, and appearing with a very meagre Look,

Advertiſement.

ALL the Medicines preſcrib'd in this Treatiſe, may be had of the Author's own preparing, at the Hatch *with* blue Spikes *near the* Square *in* Haydon-yard *in the* Minories, London, *where only he has allow'd them to be diſpos'd of, at the following* Prices; *which are much cheaper than any one elſe can rightly prepare them, with the beſt Ingredients, in ſmall Quantities.*

			s.	d.
The Cephalick Purging Pills *preſcrib'd in*	*Page* 5	*the Box*	3	6
The Emetick Pouder.	6	*Parcel*	3	0
The Cephalick Elixir.	7	*Bottle*	3	6
The Vertiginous Spirit.	21	*Bottle*	3	6
The Volatile Eſſence.	37	*Bottle*	3	0
The Apoplectick Species	55	*Paper*	2	6
The Paralytick Elixir.	66	*Bottle*	3	6
The Nerve Fotus.	63	*Bottle*	2	6
The Epileptick Spirit.	77	*Bottle*	3	6
The Hypochondriacum Digeſtivum.	104	*Parcel*	7	6
The Pulvis Corroborans.	106	*Parcel*	7	6
The Vapour Pills.	123	*Box*	4	0

FIG. 61 List of nervous 'Medicines' advertised in the anonymous *A treatise of diseases of the head, brain & nerves*, ?1712, a popular book with a 7th edition in 1741.

and wanting all manner of Appetite. She was also full of Whimsies and strange Fancies; daily foretelling at what Minute of Time she shou'd expire the next Day . . . Finding that various kinds of Remedies had been in vain try'd upon her, by many of the most eminent Hands, I concluded I must go a different way to work. I said to her with an Air of Chearfulness, Madam, your several Physicians were very ingenious Gentlemen, and have perform'd all within the Compass of Art, so that I find nothing left for me to do in the ordinary Road, suffer me therefore to put you into a new Method, and to shew you how you may become your own Physician. Be pleas'd, Madam, said I, in the Presence of her Sister, to slice the Rind of two *Sevil Oranges*, and set it to steep, for a Day or two, in a Quart Bottle of Sherry; and of this Liquor, when strain'd, take half a Wine-Glass every Morning, fasting; as much an Hour before Dinner, and again the like when you go to Bed. Walk about your Chamber as much as your Strength will permit, let your Diet be light, and easy of Digestion, eat little at once, but often; and drink a Glass or two of *Mountain* or *Canary* at your Meals; for, continued I, your Stomach is weak, but this Method, if you fail not in the Performance of your Part, will restore your Appetite and give you Strength; the things you now stand most in need of.

But, Sir, said she, will you prescribe me nothing to take? I must have Physick, some Bolusses, and a Cordial, or I shall never live till Morning. My design, reply'd I, is to make you your own Physician, and wou'd have you take to your self the Care and Honour of the Cure; at least, Madam, for one Day let alone all Physick except that of your own preparing. To this, after some Persuasion, she agreed, and by her Sister's Importunity and Watchfulness, was brought to put my Method in Practice. The Lady, in her Health had a great Inclination to Physick, and was never better pleas'd than in preparing some cordial Water or Conserve; so that she soon came to take Pleasure in making her own Wine, as her Intervals gave her

leave. And when I made my next Visit, she propos'd to improve my Medicine, by an Addition of some Spices. This Opportunity I took to recommend Gentian-Root, and a little Galangal, which she complied with, and kept to for several Days; 'till, in fine, her Appetite and Strength began to return, and as these increas'd, her Fits of crying and other Symptoms left her so far, that coming to take the Air on Horseback, and continuing the Use of her bitter Wine, she, without any other Remedy, recover'd a good State of Health, and a fine Complexion, and is at this Day a comely hearty Woman.

CURES BY NATURE, ACCIDENT OR IMAGINATION

A certain Author defines a Doctor to be a Man who writes Prescriptions, till the Patient either dies, or is cured by Nature. And, accordingly, the ancient Greeks had a Saying, that 'Doctors were Triflers'. Indeed I by no means subscribe to these Definitions; because numerous great Cures may be produced, and so evidently proved, that, next after God, they must be ascribed to Physic. I only say, that Physicians frequently obtain a Name, for Cures performed by Nature, by Accident, or by Help of the Patient's Imagination. The last Physician in a Case, is usually thought the best; not because he understands his Art better; but because he had the good Luck to be called in, when the Disease was declining, and Nature began to assist herself. This the People do not observe, and, therefore, sometimes, unjustly blame the best Physicians, and, undeservedly, praise the worst; by ascribing that to the last Doctor, which was the Effect of Time or Nature. After the same erroneous Manner, People generally ascribe that to Art, which was owing to Accident. For, a Fever may often be checked by Alterations made in the Mind, or Thoughts, of the Patient; or by other casual Circumstances. Many Diseases may be changed, or even cured by the Passions, as Surprize, Joy, strong Expectation, &c.; of which there are numerous Instances: yet in such Cases, the ignorant Multitude give all the Credit to the Doctor; tho' he did no more than visit the Patient, without prescribing, at the Time. This is betraying as gross Ignorance as the Country-Girl, who consulted a Doctor about finding a lost Sheep; and he, out of a Joke, gave her a Purge: but as the Sheep was found during the Operation, the Girl made herself sure the Medicine was the Cause, and the Doctor a Conjurer.

Many Diseases arise from a perverted Imagination; and some of them are cured by affecting the Imagination only. It appears almost incredible, what great Effects the Imagination has upon Patients; but especially those of a particular Turn and Make. The famous Chymist, Franciscus Borri, cured all Diseases, for some time; and rose to such Height of Reputation, that Patients were carried from Paris to Amsterdam to be cured by him. But, when it came to be observed that he cured only those who had a strong Imagination, his Credit sunk at once; and he worked no more

Wonders. The same Thing happened to an Irish Quack, Greterix, called the Stroker, who, for a while, performed miraculous Cures, in London; but upon the sudden Fall of his Reputation, his Skill deserted him. Hence we may say, that he is the best Physician in whom the Patient has the greatest Confidence . . . A Quack, or a Farrier, in whom a Patient places great Confidence, is, in my Opinion, a better Physician for that Patient, than a graduate Doctor, from whom he has no Expectation.

And as we see by Experience, what extraordinary Efficacy the Imagination has in the Cure of Diseases; I cannot approve of those Doctors, who dishearten their Patients, by giving hasty and blunt Opinions of Distempers. The principal Quality of a Physician, as well as of a Poet, (for Apollo is the God of Physic and Poetry) is that of fine Lying, or flattering the Patient. Many a Man has been killed before his time, by a rash Censure, or injudicious Condemnation of his Physician; and many a drooping Patient revived, upon the Doctor's assuring them of a Recovery. This remarkable Difference, betwixt regular Physicians and Quacks, is perhaps, in part, the Cause of the Cures performed by Quacks; for, a Quack can cure by Aspect, or a Glimpse of his Countenance: and the single Assurance he gives his Patients of a speedy Amendment, has often more Efficacy than the Apothecary's Shop. And it is doubtless as well for the Patient, to be cured by the working of his own Imagination, or a Reliance upon the Promise of his Doctor, as by repeated Doses of Physic. The great Bartholine declares, he once, by Mistake, gave to a Patient a Bottle of fair Water, instead of another Bottle of Liquor designed for an Emetic; and that the Patient's Imagination was so affected by the Expectation, that the Water operated as a Vomit. Now, if People may be sick by Imagination, Physicians should endeavour to cure by Imagination. And, of such Cures, there have been so many remarkable Instances, as might afford sufficient Hints for ingenious Gentlemen to work upon. I would not be suspected of endeavouring to degrade the Art of Physic; or of looking upon Physicians as useless. I acknowledge the Effects of Medicine, and am satisfied great Cures have been wrought by the Rules of Art: but I say, at the same time, that many Cures are performed by Nature, Accident, and Imagination; that Men's Constitutions, Tempers, and Particularities, are not hitherto understood; and that the Rules of Physic, not being drawn from a Knowledge of Nature, are therefore frequently baffled; and indeed that the Trade is not yet advanced to a Science.

DANIEL TURNER (1667–1741)

Member of the Barber-Surgeons' Company, LRCP, honorary MD Yale in 1723, first recipient of this degree from a colonial American university; author of the first English treatise on dermatology

Syphilis. A practical dissertation on the venereal disease, 1724 *London, Bonwicke* et al. Second edition Vol. 1, pp. 96-102

First edition 1717

The obsessional fear or delusional conviction of suffering from syphilis used to be well recognised manifestations of mental illness. In the nineteenth century they were named syphilophobia and syphilomania, terms now rarely used because classification by content of mental illness has been replaced by classification according to symptomatology and expected prognosis. The history of Turner's patient illustrates how starting with hypochondriacal complaints the condition may progress to depression with delusions centered on the body and finally to frank schizophrenia. It is still not uncommon, although patients' underlying fear of syphilis or other dreaded fatality may not be revealed unless specifically enquired after. Not infrequently it leads to suicide and even homicide of family members to which patients may be driven to forestall infecting them, or if they think they have already done so, to save them from a fate they consider worse and as certain as death. Venereophobes do not necessarily develop a frank psychosis; many who only show delusional concern about pimples or redness of their face or the condition of their nose present in departments of dermatology or plastic surgery rather than in psychiatric clinics.

Turner registered a characteristic of such patients which makes them difficult, demanding and ungrateful, namely that they go from doctor to doctor driven by delusions they cannot abandon in search for someone who will confirm their worst fears. Ultimately 'they find some Undertaker to their Mind, or that is ready to comply with their Desires, and fix the Idea they so readily entertain'd' – in other words who converts their irrational fear of disease into an unshakable conviction of suffering from it, that is a phobia into a delusion. Placebo treatments intended to placate the patient by treating his imaginary complaint as real, even if they produce temporary alleviation, are dangerous in the long run for this very reason.

SYPHILOPHOBIA

In this Disease more particularly, we have two sorts of People to deal with, the *Fool-hardy* on the one hand, who cannot be persuaded they have occasion for taking any Medicine, nor will be confin'd to any proper

Regimen; and the poor *Melancholic* on the other, who, how free soever from the same, will not be convinc'd that he is so, nor easy any longer than whilst under a Course of Physick.

A Tradesman in good Business, of a thoughtful Temper, or inclining to Melancholy, having, in his younger Days, been too familiar with a Wench living in the same House as a Servant, grew soon after very pensive, as fancying he had got the Foul Disease, upon a Belief, as it seemed, that every Woman playing the Whore must surely be distemper'd. Under these Jealousies he continued for some Years, without making his Complaint to any one, till at length happening to marry, his Discontent of Mind soon after encreased, which was observ'd in his Family; yet his Wife could get nothing out of him, but that he had been a wicked Man, and had ruin'd her and her Child . . . At length Matters were brought to that pass, that not caring to come into his Shop, he betook himself to his Chamber, where he was usually poring on some Books of Devotion, and desir'd not to see his old Acquaintance . . . This poor crazy-headed Person came one Evening to my House, and desir'd a Word in private: Where, by his very Aspect, before he began his Story, I suspected what kind of a Chapman I had got. He sat down and fell into Tears, wringing his Hands, and telling me he was ruin'd, that he had got an ill Disease; and his Concern was not so much on his own Account but for that he had given the same to his Wife and Child. I ask'd him how long it was since he was clap'd; he answer'd me, nine Years; I then enquir'd, unto whom he had apply'd for Cure, and he said, being asham'd, he had consulted no body, till long time after, when he took as much Physick as had cost him twenty Pounds, from a Doctor upon Ludgate-Hill. I now wanted to know the Symptoms; and therefore suspecting he had been impos'd on, ask'd him whether he had any Running, with Heat of Urine, or Breakings out, after he had been concern'd with the Woman, who he said gave him the Distemper; to which he reply'd, neither the first, nor the last . . . his Doctor . . . told him it was an inward Pox; and that if it had been attended with Running, or Blotches on the outside of his Body, he could have cur'd him for half the Money.

I now plainly perceiv'd it was all Delusion, and therefore not suffering him to go on with his other Complaints of his Head, his Nose, and all Parts, I think, of his Body besides; I told him he had been abus'd by his Quack Doctor, and not by the Girl, who had done him no Injury; and that he was free entirely from any such Disease, and stood in no need of my Assistance upon that Account. However, I enquir'd if his Wife had made any Complaint, and understood he knew of none: but being, he said, himself infected, he thought it impossible for her and the Child to escape. After this I advis'd him to go home and mind his Business, and between whiles to single out some cheerful Companion, with whom he should drink almost a Pint of Wine at least every Day, such as he liked best . . . He then said, that his Errand was to desire I would flux him, as I had done

his Neighbour, upon the like Occasion. I advis'd him once again to be easy; told him that his Neighbour's Case and his were different, and assur'd him, that any such Remedies would, instead of helping, do him farther Mischief . . . But little good was to be done; his Imagination, by the long-continued Melancholy, was so clouded and impress'd by the old Idea, that his Head was still full of these Conundrums; and such his Resolution for Spitting, that when he found me resolute against it, and that I had left off calling upon him; unknown to his Family, having made Provision beforehand, he got into some Quack's House, where he was laid down in a Salivation: Whence after five Weeks time, he return'd like a Skeleton, staring as one amaz'd, or depriv'd in a manner of his Understanding; however, with good Cookery, his Flesh and Strength were in short time recruited . . . some Heat and Pimples appearing upon his Face, and about his Nose, the old Story revived, which was farther highten'd by the Bills distributed by Quacks about the Streets, or the Title Pages of their Books, posted at the Corners thereof, or given away after the same manner, as well as by their Advertisements in the News Papers; all which he was ever looking over, and which are calcuated under a Shew of Learning and Experience, to impose upon ignorant People, and take Advantage of their Fears.

By these Means the unhappy Man was now again overset; his Head aked, his Shin-bones were rotten, and his Nose in Danger: Upon which his Wife sent earnestly again for me to visit him. I now found him in Bed, lamenting his hard Lot, that nothing could be done to stop the Disease. I perceiv'd plainly there was no jesting with his Misery, nor laughing him out of his Conceits, and therefore now giving a little into the same, I told him (as much an Enemy as I am to them at other Times) that I had a Secret I believ'd would cure him, as it had several, after Fluxing: At which he rejoyced, and I sent him from his Apothecary an Elleborism, to be taken twice a Day for a Fortnight, yet his Pimples and red Face still appearing, however otherwise in good State of his Body, he could not be convinced that he was ever like to be well . . . At length, after many troublesome Visits I receiv'd from him, finding little Encouragement to continue them, he kept away, and I heard no more from him in two Month's time: When I was call'd up in the Night by a Messenger, who told me they thought him dying, having left him in cold Sweats and Convulsions . . . coming to the Bed-side, Ah, Sir! says he (mumbling) you are come too late; you never would believe I had the Distemper, but it is now apparent, for my Nose, if I were not to support it, would drop off this Instant.

Ordering a Candle to be brought near, with much Difficulty I persuaded him to take away his Fingers, when immediately with my own taking fast hold thereof, I rais'd his Head from the Pillow thereby, and saying never a Word, when I had let the same drop down again, he looked wishfully at my Hand, to see if I had it not between them.

By this I convinced him of his Mistake, under which the poor Wretch had lain all Night, in the utmost Agony: After which I call'd his Wife aside, and finding she was engaged in a Business that she was by no means capable to manage, I advis'd her to throw it up in time, and to provide some Place for him, where he might be kept out of Harms way: and accordingly she pursu'd my Directions, retiring with him to a Relation's in a Country Village, where he now lives inoffensively, as well to himself as others: Employing himself in a Garden, saying nothing to any Body, or sitting in a Chimney-Corner, where he will sometimes weep, especially when they are unmindful to keep him to his Meals, or when he has been long empty: Then feeling of his Nose, he will run to the Glass, that he may have both Senses to ascertain he has not lost it.

SIR RICHARD BLACKMORE (1653–1729)

MA Oxon, MD Padua, FRCP, physician to William III and Queen Anne; poet

A treatise of the spleen and vapours: or, hypocondriacal and hysterical affections. With three discourses on the nature and cure of the cholick, melancholy, and palsies, 1725 *London, Pemberton* (pp. xxxvi+284) pp. v-vi; 96-101, 107; 154, 158-9, 162-4; 83-9

Melancholy, 'the English Malady' of Elizabethan times, became in the eighteenth century 'the English Spleen' as here described by Blackmore. He identified it with 'Hypochondriack and Hysterick Disorders', and considered rigid distinction between them and 'Melancholy, Lunacy, and Phrenzy' impossible because of the many transitional stages. This attitude was progressive as it allowed the development or natural history of mental illness to be regarded as a continuum from the mildest to the severest in contrast to the customary concentration on isolated phases and acute episodes which were regarded as different diseases and masked under different names. He observed correctly that religious fervency like other 'disquieting and restless Passions' was often a symptom of mental illness rather than its cause as was then and long after held. It should be noted that Blackmore no longer used 'Melancholy' in the old sense of madness but described it as always accompanied by 'Sadness, Dejection, and Fear', the sense in which depression is used today, and that he observed its alternation with 'extraordinary Fits of Mirth and Alacrity'. It is interesting too that he distinguished severe (or psychotic) depression from mild (or neurotic) as some do today by whether patients 'discover Marks of a Design upon their Lives'.

Blackmore also gave the first reasoned account for and against the prolonged use of 'pacifick Medicines' for what may be called anxiety states and other minor psychiatric disturbances. He recommended opium as especially effective and suggested that the dose be varied according to how much 'by Trial is found to subdue the Symptoms', but also recognised its dangers which resemble those of drugs used for similar purposes today: return of symptoms when the drug is left off; development of tolerance necessitating increasing dosage; slowing of mental processes leading to intellectual impairment; and finally addiction – a state often worse than the disturbance for which the drug was originally prescribed.

THE ENGLISH SPLEEN

If a Phthisis is justly called by Foreigners *Tabes Anglica*, or the English Consumption, because it is most predominant, and in a manner peculiar

to this Country; I am well assured there is no less Reason to give to the Distemper I have chosen for the Subject of this Treatise, the Appellation of the English Spleen; since it has here gained such a universal and tyrannical Dominion over both Sexes, as incomparably exceeds its Power in other Nations: for though in foreign Climates, especially those nearer the Sun, Disorders of Mind, Lunacy, and disturbed Imagination, are very frequent; yet the English Spleen, as I have now named it, and as I have described it in the following Pages, is comparatively but seldom found among the Inhabitants of other Countries.

HYSTERICK AFFECTIONS

Most Physicians have looked upon Hysterick Affections as a distinct Disease from Hypocondriacal, and therefore have treated of them under different Heads; but though in Conformity to that Custom I do the same; yet . . . I take them to be the same Malady . . . It is true, that the convulsive Disorders and Agitations in the various Parts of the Body, as well as the Confusion and Dissipation of the animal Spirits, are more conspicuous and violent in the Female Sex, than in Men; the Reason of which is, a more volatile, dissipable, and weak Constitution of the Spirits, and a more soft, tender, and delicate Texture of the Nerves in the last, than in the first; but this proves no Difference in their Nature and essential Properties, but only a higher or lower Degree of the Symptoms common to both . . .

This Disease, called Vapours in Women, and the Spleen in Men, is what neither Sex are pleased to own. A Man cannot ordinarily make his Court worse, than by suggesting to such Patients the true Nature and Name of their Distemper . . . One great Reason why these Patients are unwilling their Disease should go by its right Name, is, I imagine, this, that the Spleen and Vapours are, by those that never felt their Symptoms, looked upon as an imaginary and fantastick Sickness of the Brain, filled with odd and irregular Ideas . . . This Distemper, by a great Mistake, becoming thus an Object of Derision and Contempt, the Persons who feel it are unwilling to own a Disease, that will expose them to Dishonour and Reproach . . . It is certain, that Hypocondriacal Men, as well as Hysterick Women, are often afflicted with various Pains and great Disorders; and could it be supposed that this was nothing but the Effect of Fancy, and a delusive Imagination, yet it must be allowed, that let the Cause of such Symptoms be never so chimerical and fantastick, the consequent Sufferings are without doubt real and unfeigned. Terrible Ideas, formed only in the Imagination, will affect the Brain and the Body with painful Sensations . . .

This Disease has the Appellation of Vapours from the Opinion of the antient Physicians, who imagined that it consisted in the Elevation of dark Fumes and Exhalations from the Matrice; which rising up in fruitful, but unwholsome Clouds, produce Sufferings in various Parts of the Body

where they use to spread their unhappy Influence, which shall presently be reckoned up. This Opinion has been conveyed to later Ages, and continues among the common People to this Day. Hence this Disease is sometimes called Fits of the Mother, sometimes a Suffocation of the Womb, and sometimes Hysterick Affections . . . Thus, as the primitive Doctors before mentioned, imagined that all Hypocondriacal Symptoms were derived from a Collection of black Dregs and Lees separated from the Blood, and lodged in the Spleen; whence, as they supposed, noxious Reeks and cloudy Evaporations were always ascending to the superior Regions (the Chest, the Heart, and Head, which by turns were made the Seat of Hypocondriacal War, turbulent Conflicts, and seditious Insurrections) to the great Distraction and Confusion of the animal State . . . But as there are no Passages, or proper Conveyances, by which these Steams and Exhalations may mount from the inferior to the superior Parts, besides other insuperable Difficulties that encumber this Opinion, it is now exploded by learned Men, though retained, at least in Name, among the People . . . .

The Symptoms that disturb the Operations of the Mind and Imagination in Hysterick Women, are the same with those in Hypocondriacal Men, with some inconsiderable Variety; that is, Fluctuation of Judgment, and swift Turns in forming and reversing of Opinions and Resolutions, Inconstancy, Timidity, Absence of Mind, want of self-determining Power, Inattention, Incogitancy, Diffidence, Suspicion, and an Aptness to take well-meant Things amiss. But though this Disease sometimes affects the intellectual Faculties, and interrupts and distracts their Functions in a great degree, yet it seldom entirely subverts them, or brings on a State of Lunacy.

MELANCHOLY

As the Thoughts of melancholy Persons usually dwell upon sad and gloomy Objects, so they generally pore and muse upon such as have been the ordinary Entertainment of their Minds before they fell into this distempered State; and therefore when the Imaginations of religious Persons receive a melancholy Turn, they are always taken up about the important Affairs that concern the Performance of their Duty here, and their Happiness hereafter; hence their Diffidence, Scruples and Fears concerning the Sincerity of their Faith and Repentance, and their everlasting State, are by their Distemper increased, even sometimes to so deep a Despondence and Self-condemnation, as borders on Despair. This the Atheist, Infidel, and loose Libertine, foolishly call superstitious Madness; and then offering Violence to Reason, and indulging a petulant, flagitious Humour, they reproach Religion as the Cause of this Effect, treating the Persons that profess and practice it, in Raillery and Ridicule: hence all pious and devout Men are by such accounted only Hypocondriacal Enthusiasts, or whimsical Visionaries. But let these Contemners of Heaven,

who are fond of all Occasions of bringing Dishonour and Contempt upon Religion, reflect, that as many Men express Zeal for Piety and Vertue, who however are entirely delivered from the Symptoms of this Disease, and have not in their Constitutions the least Infusion of Spleen and Vapours; so in Multitudes that fall under the Dominion of Melancholy, the Distemper does not always operate in this manner, nor turn their Thoughts and anxious Cares to religious Objects: but this chiefly, if not only, happens when the Patient, seized with these Disorders, was accustomed to divine Thoughts and spiritual Ideas before; and then it is but natural that a disturbed Imagination should chiefly entertain such Images, as were before well known, and had been long familiar to the Mind . . .

As a melancholy Constitution of the Spirits is fruitful of a surprizing and copious Diversity of odd and ridiculous Phantasms, and fills the Imagination with a thousand uncouth Figures, monstrous Appearances, and troublesome Illusions; so it is no less fertile in producing disquieting and restless Passions, while they affect the Heart with Anxiety, Sadness, Fear and Terror; which Perturbations, no less than those of the Mind and Imagination, seem the inseparable and distinguishing Concomitants of this Distemper: for notwithstanding in some very few brighter Seasons, when the dark and melancholy Clouds that overcast the Brain, are dispersed, these Patients may break out into short, extraordinary Fits of Mirth and Alacrity; however this seldom happens, and then too when there is a Mixture and Complication of a Hypocondriack or Hysterick Temperament with that, which is properly Melancholy; as when these Patients, through great Despondency and unsufferable Inquietude, discover Marks of a Design upon their own Lives, their Distemper exceeds its proper Nature and Extent, and has contracted a Degree of Lunacy. And indeed the Limits and Partitions that bound and discriminate the highest Hypocondriack and Hysterick Disorders, and Melancholy, Lunacy, and Phrenzy, are so nice, that it is not easy to distinguish them, and set the Boundaries where one ends, and the other begins: however, continual Thoughtfulness upon the same Set of Objects always returning to the Mind, accompanied with the Passions of Sadness, Dejection, and Fear, seems to be the genuine and discriminating Idea of proper Melancholy.

PACIFICK MEDICINES

I proceed to the last Medicine I shall recommend in this Distemper, and that is Opium . . . This Medicine is of singular Advantage in these Cases in several Respects: First, as it calms and sooths the Disorders and Perturbations of the animal Spirits; which, when lulled and charmed by this soporiferous Drug, cease their Tumults, and settle into a State of Tranquillity: Wonderful it is, how soon the Hurry and Tempest in the Nerves is composed by the Sollicitation and Intervention of this prevailing Medicine.

I have said above, that by their Nature and original Constitution the Spirits of Hypocondriacal and Hysterick Persons are weak and volatile; and therefore apt of themselves to fall into Disorders, and to be over agitated, and when they are thus restless and confused, whatever abates their Hurry, and restores them to a regular and peaceful State, is the Remedy that Nature demands. If Inquietude be the Distemper, Quiet must be the Cure; and 'tis certain, that many of these Cases have not their Rise from abundance of ill Humours, but from the faulty Disposition of the Nerves and Spirits themselves; and therefore frequent and strong Purgation, on pretence of carrying off noxious Humours, enfeebles the Spirits, and if pursued, will demolish the Patient: but quieting Medicines compose and strengthen him, by saving his Spirits from Waste and Dissipation, and imparting to them more Firmness and a sedater Motion. This being premised, the judicious Reader, who attentively observes the Symptoms, will plainly perceive that these pacifick Medicines must remove or abate them in confirmed Hypocondriacal Affections . . .

It is . . . objected to the use of Opium, that, like Wine and Strong Liquors, it takes off the Edge of the Stomach, and makes the Person sottish and stupid. I grant, that this is a frequent Effect of it, if taken wantonly upon small or no Motives, and that frequently, and in an excessive Quantity: but no such pernicious Effects attend the use of it in a moderate Proportion, and then only when such violent and unsufferable Pains as I have before mentioned, or continued obstinate Wakefulness, and great Inquietudes, shall require it; and under these Limitations, there is no fear of its being injurious to the Stomach, or hurtful to the intellectual Faculties. I have known several Hypocondriacal and Hysterick Patients, that took opiate Medicines for many Years under the Restrictions laid down, without the loss of Appetite, or the contracting of any Dulness of Understanding; but on the contrary, they enjoyed a comfortable State of Health and Ease, having always at hand the friendly Assistance of their Remedy, when in good earnest they wanted it; and such a Quantity is to be prescribed, as by Trial is found to subdue the Symptoms . . .

But others object against the use of quieting Remedies, their imperfect and ineffectual Operation; for, say they, this Medicine only relieves our Pains and Inquietudes, and gives us Ease and Rest for a Time, but then all these Sufferings return soon after. But should any Man argue thus against the use of Meat and Drink, and say, To what purpose should I dine and sup to Day? This does not totally remove my Hunger and Thirst, but only eases them for the present; to-morrow they will be renewed, and I shall be obliged to dine and sup again, which will make it so habitual, that I must be every Day eating and drinking for Health's Sake; and this will prove an unsufferable Burden. And the like may be urged against sleeping this Night, because it will be wanted again the next . . .

Some Persons further object, that if they take Opiate Medicines, as they

shall always be obliged to repeat them on the like Occasions, so Custom and Familiarity will so far weaken their Operation, that they shall be obliged to repeat the Quantity often, till at length they must rise to an immoderate Dose, otherwise it will be ineffectual. I answer, that I must acknowledge that some, for want of due Caution, or of Patience to bear small Sufferings, or a great Delight to keep themselves always easy, pleasant, and in good Humour, indulge themselves too much in the use of Opiates, when there is no just Reason for taking of them so frequently, nor in so great a Proportion; as others have recourse too often to strong Wine and cordial Waters for the same purpose; and then it is no wonder if the one and the other by degrees contract such a prevalent Habit, that they cannot forbear these Entertainments without great Uneasiness, nor pursue them without great Danger; but to avoid a present Complaint and Dissatisfaction, they generally go on till they arise to a pernicious Quantity: But if the Limitations are observed which I named before, I seldom or never saw these ill Consequences in Hypocondriacal or Hysterick Cases, where there was no Mixture or Touch of Lunacy. I have known many Patients of each Sex, that have for a long Train of Years taken this quieting Medicine, as often as their pressing Symptoms required it, with good Success, and without any ill Consequence, or being obliged to increase the Dose higher than thirty Drops of liquid *Laudanum*, or a Grain and half of Crude Opium.

PATRICK BLAIR (?–1729)

MD Aberdeen, FRS, physician and botanist of Boston, Lincolnshire

Some observations on the cure of mad persons by the fall of water, 1725 *British Museum Natural History Section*, Collection of J. &. T. Martyn, Banksian MSS. (No. 103)

These observations contained in a letter to the Secretary of the Royal Society James Jurin (1684–1750), MD Cantab., Fellow and President of the College of Physicians, were read to the Society in December 1725 but not published. Blair's manuscript however was preserved by his friend John Martyn (1699–1768), professor of botany, University of Cambridge, who himself took a special interest in mental diseases, attended patients at Duffield's madhouse in Little Chelsea [see FIG. 68], and introduced valerian which became the standard sedative for the 'neurotic' out-patient in the nineteenth and well into the twentieth centuries.

Blair put forward his 'Cataractick way of cold Bathing' as an improvement on Helmont's (1694) hazardous ducking treatment since by it he could 'sink the patients Spirits even to a deliquum without the least hazard of their lives'. It had the following other advantages: '1. The Surprize upon being blindfolded . . . is a great means to the recovery of Reason. 2. Tho' at a second operation there is no more a surprize yet the Terror of the former creats such a dread & horrour of it [as] much contributes to produce the desir'd effect . . . 3. The difference in the pressure is very considerable betwixt the high & low fall . . . 4. The pondus of the water that fell is easily calculated'. In other words the amount and force of water discharged on patients' heads was measurable and so could be regulated which gave it a scientific flavour. The dose was determined according to the tenacity with which the mad person clung to his or her delusional feelings and beliefs, or, as the second case amusingly shows, refused to be normalised. The horror of such procedures aside, their wider psychiatric significance was that they made superfluous, in fact nugatory, study of the patient's mind. Not only did they provide no incentive for psychological investigation but they shifted interest almost systematically away from it to preoccupation with refinements and variations of physical agents and techniques – then water height and pressure. The patient's mind entered into this, as into all physical treatments of mental illness, only for an *ad hoc* assessment of symptoms before, during and after treatment.

Many variations on the theme of applying cold water to the madman's head were ingeniously invented on the analogy that 'that which will make a drunken Man sober in a minute, will certainly go a great way towards the Cure of a Madman in a month'. William Cullen (1784) for instance noted 'the benefit which has been received in some maniacal cases from the application of ice . . .

to the naked head, and . . . the noted Clay Cap'. G. G. Brown, MD St Andrews, FRCP Edin. of Bath knew that 'application of cold water to the head . . . is an old species of practice, and also that it has often proved unsuccessful' but attributed failures 'in a great measure to the manner of using it, and likewise to the want of perseverance in it'. He introduced the method of 'winding an handkerchief round the head, and keeping it continually wet with a spunge dipped in cold water, until it produced a shivering-fit' and continued this for as long as fifteen days, even extending 'the application . . . along the course of the carotid . . . arteries . . . until sobbing and sighing came on . . . the criterion of the incipient return to rational ideas' (*Annals of Medicine, for the year 1799*. Edinburgh, 1800). In 1813 great stir was made by two London practitioners Messrs Delahoyde and Lucett as they were known, who claimed to have discovered a new 'secret process' against insanity for which they secured considerable financial support including the patronage of the Royal Dukes (*The first report of the Committee who have undertaken to make enquiry into, and ascertain the extent of the process practised by Messrs. Delahoyde and Lucett for the relief of persons afflicted with insanity, and to provide the means of paying the expense of such enquiry*, 1813). However their treatment was soon revealed as none other than douching the head with cold water sufficient 'to produce a slight concussion upon the shaven vertex' with the patient lying in a warm bath. In the mid-nineteenth century 'the cold shower' or 'douche' [see FIG. 117] was still 'ordered for one of its three effects . . . "the shock", the "re-action", and the direct refrigerant or depressing effect produced by a continuance of the shower, or its frequent repetitions' (Harrington Tuke *On warm and cold baths in the treatment of insanity*, 1858. *Journal of Mental Science*, vol. 4) and was recommended by Boismont (1859) as a specific for hallucinations.

It is noteworthy that Blair's original double shock of surprise plus measured quantities of cold water poured from measured heights on patients' heads so impressed Benjamin Rush that in 1796 'in a wing of the [Pennsylvania] hospital, particularly appropriated to the reception of insane patients, a space, about three feet square, was left in the flooring of the galleries communicating with the cells on each story. This space was occupied by a strong wooden lattice, or grating, divided into spaces of about one inch square. As these lattices were placed in an exactly perpendicular direction, one over the other, it was easy for the medical attendant to subject the patient to any degree of impression required, by directing the water to be thrown from the height of one, two, or three stories' (J. E. Stock *Medical collections on the effects of cold, as a remedy in certain diseases*, 1805).

CATARACTICK TREATMENT

It was at first a fiery zeal for Religion or rather a mistaken notion of it too much encourag'd by a certain set of people that disordered his senses and at last made him furiously mad . . . He had a few glimpses of Reason when I came first to him, suffered himself to be bleed and took what was prescrib'd to him but was so outrageous that 4 men could scarce keep him in bed . . . his fury encreased and his strength augmented so much that double the number of men could not keep hold of him but they were

forc'd to make use of ropes and fetter his hands and feet with Iron. Next day I attempted the Cold Bath and ordered him to be plung'd thus bound into an hogshead of water all of a sudden, and throwing 8 or 10 palefulls of water by the force of so many people upon his head all at once, but this had scarce any effect because I neglected to blindfold him, but though he was somewhat calm'd a little after. Upon this I ordered him to be kept dark in fetters and ropes untill next day that I contriv'd a byspout from a Current of water (for a Cornmill) which had 20 foot fall. I plac'd him directly below this in a Cart by whose wheels mov'd it to and from under the water as occasion requir'd. Thus I kept him under this vast pressure of water for 15 minutes untill his spirits were fully dissipated and his strength quite exhausted, and it is to be observ'd that he who being blindfolded and led by 2 persons came whistling singing dancing and merrily leaping along about ½ mile to the fall of the mill was fain to be carried home in a Litter I had provided on purpose. Being laid in his bed the fetters put on and the room darkened he fell asleep immediately and slept 19 hours and awoke as sound in his judgement as ever . . . Ever since he has continued so well that they put him shortly after to be an aprentice to a brewer where he has led a very sober life.

This unexpected and surprising success encouraged me to make further Improvements on the Practice by the fall of water and since coming to Boston my Endeavours have not been in vain. I was sometime in this place before I understood there was an Engine so fit for my purpose as it has since prov'd to be. It is built at about 1½ mile from hence in order to raise and convey water to serve the Town. There is a wind Engine like that which raises the New River water at London. At some distance is built a Square Tower 35 foot high. The water being forc'd to it by the Engine ascends perpendicularly in a large pipe at one corner and is discharg'd into a cistern on the top of the Tower which will contain about 80 Tun of water. At the opposite corner the water descends directly by another pipe from whence its convey'd to the Town. There are 3 habitable rooms in the bottome of the Tower, the middle of which has a Chimney. I have got a lateral pipe fix'd to the descending one by which I make the water to fall in any part of the middle room I think proper. I have a bathing Tub 6 foot long, I place a Chair in it in which the patient sits. The chair is so fix'd in the Tub and the patient so ty'd to the chair that none of them can move. The Lateral pipe has a cock by which I can stop or let down as much or as little water as I think proper. When the patients have got sufficiently of the fall I have a bed in readiness in the next room where they are laid and sutable care is taken of them as will appear by the following observations . . .

A married Woman . . . became mad, neglected every thing, would not own her husband nor any of the Family, kept her room, would converse with nobody but keept spitting continually, turning from any that turn'd from her and chiding any who put their hand in their sides, telling them she was not a whore . . . These Symptomes requir'd great preparation of

the vitiated humors before she could undergo such an operation; frequent bleedings, violent Emeticks, strong purgatives and potent Sudorificks and Narcoticks were not wanting, nor did I fail to let her have sutable and specifick Alteratives, but none of them answered the design nor workt for a wish'd for advantage. In this course I continued her for 1 month, now it was time to come to a salivation which I usually have recourse in such cases . . . she became insensibly to have the use of her Reason and after 5 weeks under this second course of physick she began to enquire more seriously into the state of domestic affairs at the servants who came to see her, spoke more kindly to them, shew'd a desire to be at home, quitted much of her former gestures speeches and behaviour, was obedient when reprov'd because of them and gave all signs of recovery except that of the dislike to her husband and yet she would sometimes allow her self to be called by his name which she could not endure before. Observing these alterations I train'd her into the Engine house putting her in hopes of getting home from thence that night but when she went into the Room in which she was to Lay I ordered her to be blindfolded. Her nurse and other women stript her. She was lifted up by force, plac'd in and fixt to the Chair in the bathing Tub. All this put her in an unexpressable terrour especially when the water was let down. I kept her under the fall 30 minutes, stopping the pipe now and then and enquiring whether she would take to her husband but she still obstinately deny'd till at last being much fatigu'd with the pressure of the water she promised she would do what I desired on which I desisted, let her go to bed, gave her a Sudorifick as usual. She slept well that night but was still obstinate. I repeated the bleeding and other preparatory doses. A week after I gave her another Tryal by adding a smaller pipe so that when the one let the water fall on top of her head the other squirted it in her face or any other part of her head neck or breast I thought proper. Being still very strong I gave her 60 minutes at this time when she still keept so obstinate that she would not promise to take to her husband till her spirits being allmost dissipated she promised to Love him as before. Upon this she was laid a bed as formerly but next day she was still obstinate. Evacuations being endeavoured for 2 or 3 dayes more I gave her the 3d Tryal of the fall and continued her 90 minutes under it, promised obedience as before but she was as sullen and obstinate as ever the next day. Being upon resentment why I should treat her so, after 2 or 3 dayes I threatned her with the fourth Tryal, took her out of bed, had her stript, blindfolded and ready to be put in the Chair, when being terrify'd with what she was to undergo she kneeld submissively that I would spare her and she would become a Loving obedient and dutifull Wife for ever thereafter. I granted her request provided she would go to bed with her husband that night, which she did with great chearfullness . . . About 1 month afterwards I went to pay her a visit, saw every thing in good order . . . Being thus successful I was willing to know the pondus of water and the pressure of her strength was able to undergo . . .

By . . . Calculation it appear'd that in 90 minutes there was 15 Ton of water let fall upon her . . .

In a word I have made such an Improvement of this Cataractick way of cold Bathing that as its the most effectual so its the safest method of curing mad people for I can calculate or measure the water as it falls to the weight of 1 oz. and sink the patients spirits even to a deliquium without the least hazard of their Lives which dare not be ventured by plunging or immersion which they have hitherto made use of in such cases.

THOMAS GUY (?1645–1724)

Member of Parliament; bookseller; printer to the University of Oxford; founder of Guy's Hospital

A copy of the last will and testament of Thomas Guy, 1725 *London, Osborn* pp. 37–9

The first provision in England for incurable lunatics (later called the chronic insane) was made by Guy in his will and the new hospital named after him opened in 1728 with a separate 'lunatic house' for twenty patients. A few years later wings for incurables were also added to Bethlem Hospital where previously patients had been discharged after twelve months whether cured or not, and in the later 1730s the French Protestant Hospital in London provided for forty-two such patients in an adjoining building. The history of the lunatic ward at Guy's was uneventful: being considered incurable patients were left to themselves without medical attention until 1783 when some unexpectedly and spontaneously recovered, a possibility not visualised. The governors had in consequence to pass a special resolution 'That the Physicians of this Hospital be desired to attend the Lunatic Patients and to make their report to the taking in Committee whether any of them have recover'd their senses and ought to be discharg'd' (*Guy's Hospital Committee Book*, MS.). From then on members of the staff were regularly deputed to look after them (the most distinguished holder of this office was Sir William Gull from 1843–52). In 1797 a new house for female patients was built but no more men were admitted and in 1805 the last surviving four transferred to Warburton's private madhouse in Bethnal Green. By the middle of the nineteenth century interest in Mr Guy's lunatics had waned as his foundation lost its original and pioneer function through the opening of county lunatic asylums. After repeated strictures by the Commissioners in Lunacy the ward was closed in 1861 by which time all the patients had either died or been discharged to workhouses or elsewhere.

PROVISION FOR INCURABLE LUNATICS

And my Mind and Will is, That until such Incorporation, by Letters Patent, or Act of Parliament, as herein after directed, can be obtained and take effect, they my said Executors and last mentioned Trustees, their Heirs, Executors, Administrators and Assigns; and afterwards such Corporation shall, and do, out of the Residuum of my Estate, or the Rents, Interest, or other Profits thereof, carry on, erect, finish, and fit up the two new Squares of Building in Southwark, by me some time since began and intended for an Hospital, for reception of such sick Persons as are

herein after mentioned; and such other Erections, Offices, and Buildings, as shall in the Opinion of my said Executors and Trustees, be for that Purpose further necessary; and also provide and furnish the same with Beds and all other Conveniences for the Reception of, and receive and entertain therein, Four Hundred poor Persons or upwards, labouring under any Distempers Infirmities or Disorders, thought capable of Relief by Physick or Surgery; but who, by reason of the small Hopes there may be of their Cure, or the length of Time which for that Purpose may be required or thought necessary, are, or may be adjudged or called Incurable, and as such, not proper Objects to be received into, or continued in the present Hospital of St. Thomas, or other Hospitals, in and by which, no Provision has been made for Distempers deemed or called Incurable: of whom my Mind is, That they receive and entertain Lunaticks, adjudged or called, as aforesaid, incurable, not exceeding Twenty in Number at one time; such poor Persons to be chosen and appointed by my said Executors and Trustees, out of such Patients and Persons who shall be discharged out of the Hospital of Saint Thomas, or Bethlehem, or other Hospitals, on account of the small Hopes of their Cure, or the great length of Time for that purpose required or thought necessary, and on such or any other account, adjudged and called Incurable, and not fit to be continued in the said Hospital of St. Thomas, or Bethlehem, or other Hospitals: Or such other poor sick Persons, or Lunaticks, as, under such or the like Circumstances, shall apply to my said Executors and Trustees for Relief, at the Discretion and Pleasure of my said Executors and Trustees, to whom I submit the several Species or Kinds of sick Persons deemed or called Incurables, who shall be admitted into the said intended Hospital; and that my said Executors and Trustees shall, and do provide suitable and proper Diet, Physick, and all other Necessaries for the Maintenance, Relief, or Cure of such sick Persons, during their Lives, or for so long time as my said Executors and Trustees shall think fit to continue them under their Care in the said intended Hospital.

DAVID BAYNE KINNEIR (?–1758)

MD St Andrews, FRCP Edin., physician of Edinburgh and Bath

A copy of a letter from Dr. David Kinneir . . . to Dr. Campbell . . . touching the efficacy of camphire in maniacal disorders. In: *Philosophical Transactions*, 1727 Vol. 35, pp. 347-51

Camphor, a volatile oil obtained from the camphor tree of Eastern Asia, has a long history of medical use. First popularised by the great Arabian physician Avicenna (980–1037) it was firmly established in the seventeenth century continental pharmacopœias as a remedy for nervous disorders of all kinds. It was prescribed especially for melancholy, mania and phrensy since it exhibited all the properties considered ideal in an 'antimaniac'. For its pungent odour it was recommended for fits and faints; it was applied to the skin for its counter-irritant action; taken internally it caused sweating, vomiting and diarrhoea, and suppressed the excretion of urine (the passing of 'copious limpid urine' was stressed by Sydenham as a characteristic symptom 'in hysteric and hypochondriac disorders'), while the nervous system was first 'exhilarated' or stimulated, and with larger doses 'refrigerated', 'depressed' or sedated; and still larger doses caused epileptiform convulsions and finally delirium and coma. In England Kinneir published the first report of its 'efficacy . . . in maniacal disorders' quoted here. This and subsequent experience made camphor one of the standard psychiatric drugs for both its excitatory and inhibitory effects which although its popularity gradually declined in face of newer stimulants and sedatives remained in the British Pharmacopœia as a nervous remedy until the 1940s.

Leopold von Auenbrugger (1722–1809), physician of Vienna (famed for introducing percussion into medicine in 1761) acclaimed camphor as a specific in certain types of insanity comparable with opium in pain and quinine in tertian and quartan fevers (*Experimentum nascens de remedio specifico sub signo specifico in mania virorum*, 1776, Vienna) with which he plied his patients until severe and prolonged convulsions were produced. Because of this analeptic action camphor was resuscitated in the early 1930s to produce epileptiform convulsions in schizophrenics on the rationale of a supposititious biological antagonism between schizophrenia and epilepsy (founded on the erroneous observation that they never occurred together). It was hoped that artificially induced fits would drive out the mental illness like the spontaneous fits of epilepsy were thought to do. The subsequent development of the convulsant or shock treatments is well known: how camphor given intramuscularly was soon replaced by metrazol and how this in turn was superseded by electric currents applied directly to the head, and how it was claimed that depressed patients responded better than those suffering from schizophrenia, the mania of Kinneir's time.

Sir, In conversation, t'other Day, on the Subject of our Profession, I told you how successfully I had us'd Camphire in Maniac Disorders, which hitherto never has fail'd my Expectation in the Mania, and other Cases wherein the Genus Nervosum and Blood seem to be affected after the same Manner, but in a less Degree. At your Request, I send you the History of Four Cases, with all the Exactness my Memory can afford. I own I flatter my self, that from the Effects of this Medicine Physicians may be led into a more sure Way of Reasoning in Nervous Disorders, and therefore give you Leave to publish these Histories, if you think they may be of Use to the Publick.

I. A Gentlewoman of Nineteen Years of Age, from an obstinate Fasting for Two Days, and Aversion to see Company, in a religious Turn before Easter, fell into a deep Melancholy, would not talk, nor answer any Questions for some Time, but moan'd and sigh'd continually; slept very little for Ten Days. This happen'd in the Decline of the Moon. The Night before the Change she spoke, and call'd for some Water to drink, which being given her, she immediately fell a starting and laughing, and her Eyes got a Briskness in them somewhat uncommon, (as her Relations told me) then began to talk wildly, and continu'd so all that Night, She became next Morning very furious; whereupon a Physician was call'd, who bled her Four Times a Week the first Fourteen Days, vomited her, purg'd her, us'd the Cold Bath, and many other Methods common in such Cases, all to no Purpose. In this Condition she continu'd for Nine Months; then I was apply'd to.

I first began her with an Antimonial Vomit, which had no other Effect than that of setting her fast asleep for Twelve Hours. Next Day I gave her half a Dram of Camphire in a Bolus, and as much at Night. She continu'd to rest well all that Night, and had a great Moistness all over her Body, and in the Day-time a plentiful Discharge of Urine. Thus for Four Days I ply'd her, and afterwards, in the Day-time, I order'd her Pills of Æthiops, Gum-guaiac. Cinnab. Antim. & pulv. de Gutteta; and at Night, the Dose of Camphire. Sensible Alterations every Day for the better, and in Three Weeks Time she enjoy'd the full Use of her Reason, and tho' Nine Years ago, at this Time is in a very good State of Health, having no extraordinary Ailing ever since . . .

III. A Mercer's Wife of Thirty Six Years of Age, having born Four Children, and who was naturally of a lively, active Disposition, fell so ill, all of a sudden, One Day at Sermon, that with much ado they could get her out of Church with common Decency. She tore every thing about her, talk'd much, and utter'd horrid Oaths. In Fine, she was as much disorder'd as you can imagine any one. She had the best Advice, 'twas thought, that Edinburgh could give her. They fail'd of Success, and left off visiting her. About Half a Year thereafter I was consulted about her. I treated her

in the foregoing Manner, and in Four Days there was a sensible Alteration for the better, and in Four more she went abroad. I still continu'd the Use of the Medicines for Fourteen Days after Recovery, and now she is as well as ever she was in her Life.

IV. A young Man, aged Twenty, of a full Habit, was so very bad in the sullen, despairing Way, wounding himself with his Teeth and Hands, that there was a Necessity of close watching him. I vomited him twice, gave him some other Things common in such Cases; then began him with the Camphire, which in Ten Days brought him to Reason. He relaps'd after that on the Change of the Moon, was ill for Three Days, but not so as before. He came out of it again, and stood the Change of the next Moon with only a little Heaviness, as in the Hypo. At the Height of the same Moon, the Day before, he was very uneasy, and seem'd to resemble a Person greatly hypochondriac. I still continu'd to him the Camphire, and the other alterative Medicines for some Time, but in a much smaller Dose than what I gave him in his Illness: So in Nine Weeks he was perfectly cur'd, and continues in good Health. This, Sir, is the Substance of what I remember of the preceding Case, wherein I lay'd the whole Stress of the Cure on Camphire.

FRANCIS HUTCHESON (1694–1746)

MA Glasgow, professor of moral philosophy, University of Glasgow

An essay on the nature and conduct of the passions and affections, 1728
London, Smith & Bruce (pp. 333) pp. 56-7, 88, 93-5

In the eighteenth century psychology was a branch of moral philosophy, not of natural philosophy or science, and had almost no point of contact with the medical study and treatment of the mentally ill. Nevertheless the writings of philosophers prepared a body of psychological knowledge which was of great value when in the nineteenth century physicians started to take an active interest in their patients' minds. For this reason men like Hutcheson who stimulated a long line of Scottish philosophers of the 'Common Sense' school [see Reid, Gregory, Stewart, Brown] have a place in the development of psychiatric thought. Hutcheson was interested in the psychological aspects of temperament and emotion and the effect of the 'Association of Ideas' in rousing and maintaining feelings even when 'contrary to Reason', and showed that they were 'not so much in our Power, as some seem to imagine', a fact which could account for a whole range of psychological responses from normal to pathological. How different his attitude to 'Madness' was from that of mad-doctors may be seen by comparing it with that of a contemporary physician Robinson who was determined to explain mental disturbance scientifically or as he called it 'mechanically' by bringing it up to date with Newtonian physics and derided as old-fashioned those who 'are so ready to resolve all into a Whim, or a wrong turn of the Fancy', that is into disordered action of the mind. One cannot help feeling that psychotherapy might have made an earlier start and today be further advanced than it is, had Hutcheson's inquiries been followed up by the doctors who treated the insane.

THE POWER OF DESIRE AND AVERSION

Let Physicians or Anatomists explain the several Motions in the Fluids or Solids of the Body, which accompany any Passions; or the Temperaments of Body which either make Men prone to any Passion, or are brought upon us by the long Continuance, or frequent Returns of it. 'Tis only to our Purpose in general to observe, 'that probably certain Motions in the Body do accompany every Passion by a fixed Law of Nature; and alternately, that Temperament which is apt to receive or prolong these Motions in the Body, does influence our Passions to heighten or prolong them'. Thus a certain Temperament may be brought upon the Body, by its being frequently put into Motion by the Passions of Anger, Joy, Love, or

Sorrow; and the Continuance of this Temperament shall make Men prone to the several Passions for the future. We find our selves after a long Fit of Anger or Sorrow, in an uneasy State, even when we are not reflecting on the particular Occasion of our Passion. During this State, every trifle shall be apt to provoke or deject us. On the contrary, after good Success, after strong friendly Passions, or a State of Mirth, some considerable Injuries or Losses, which at other times would have affected us very much, shall be overlooked, or meekly received, or at most but slightly resented; perhaps because our Bodies are not fit easily to receive these Motions which are constituted the Occasion of the uneasy Sensations of Anger. This Diversity of Temper every one has felt, who reflects on himself at different Times. In some Tempers it will appear like Madness. Whether the only Seat of these Habits, or the Occasion rather of these Dispositions, be in the Body; or whether the Soul itself does not, by frequent Returns of any Passion, acquire some greater Disposition to receive and retain it again, let those determine, who sufficiently understand the Nature of either the one or the other . . .

From what was said above it appears, that our Passions are not so much in our Power, as some seem to imagine, from the Topicks used either to raise or allay them. We are so constituted by Nature, that, as soon as we form the Idea of certain Objects or Events, our Desire or Aversion will arise toward them; and consequently our Affections must very much depend upon the Opinions we form, concerning any thing which occurs to our Mind, its Qualities, Tendencies, or Effects . . .

Hence we see how impossible it is for one to judge of the Degrees of Happiness or Misery in others, unless he knows their Opinions, their Associations of Ideas, and the Degrees of their Desires and Aversions. We see also of how much Consequence our Associations of Ideas and Opinions are to our Happiness or Misery, and to the Command of our Passions. For tho in our Appetites there are uneasy Sensations, previous to any Opinion, yet our very Appetites may be strengthened or weakned, and variously alter'd by Opinion, or Associations of Ideas. Before their Intervention, the bodily Appetites are easily satisfied: Nature has put it in almost every one's power, so far to gratify them, as to support the Body, and remove Pain. But when Opinion, and confused Ideas, or Fancy comes in, and represents some particular kinds of Gratifications, or great Variety of them, as of great Importance; when Ideas of Dignity, Grandure, Magnificence, Generosity, or any other moral Species, are joined to the Objects of Appetites, they may furnish us with endless Labour, Vexation, and Misery of every kind . . .

The common Effect of these Associations of Ideas is this, 'that they raise the Passions into an extravagant Degree, beyond the proportion of real Good in the Object: And commonly beget some secret Opinions to justify the Passions. But then the Confutation of these false Opinions is not sufficient to break the Association, so that the Desire or Passion shall

continue, even when our Understanding has suggested to us, that the Object is not good, or not proportioned to the Strength of the Desire'. Thus we often may observe, that Persons, who by reasoning have laid aside all Opinion of Spirits being in the dark more than in the light, are still uneasy to be alone in the dark. Thus the luxurious, the extravagant Lover, the Miser, can scarce be supposed to have Opinions of the several Objects of their Pursuit, proportioned to the Vehemence of their Desires; but the constant Indulgence of any Desire, the frequent Repetition of it, the diverting our Minds from all other Pursuits, the Strain of Conversation among Men of the same Temper, who often haunt together, the Contagion in the very Air and Countenance of the passionate, beget such wild Associations of Ideas, that a sudden Conviction of Reason will not stop the Desire or Aversion, any more than an Argument will surmount the Loathings or Aversions, acquired against certain Meats or Drinks, by Surfeits or emetick Preparations.

JOHN WOODWARD (1665–1728)

MD Lambeth & Cantab., FRCP, FRS, professor of physick, Gresham College, London; geologist and antiquary

Select cases, and consultations, in physick. By the late eminent John Woodward . . . Now first published by Dr. Peter Templeman, 1757 *London, Davis & Reymers* pp. 259-65

Woodward kept records of his patients (which were post-humously published in the book quoted here) since 'it was by the Method of transmitting Cases and Cures, that Physick first began to be formed into a Science; by the same it must be improved, and brought, if possible, to Perfection'. Such detailed histories were indeed an advance on the repetitive exposition of etiological speculations and therapeutic feats which characterised much of the medical writings of the former century, and made it possible to compare clinical experience and so accumulate a natural history of disease. It was only during the last quarter of the eighteenth century that psychiatrists generally adopted this form of presentation. From Woodward's many interesting psychiatric cases is chosen that of a pregnant woman who suffered from a not uncommon form of mental illness. Sensitized by three miscarriages and the further loss of two children, she had in her sixth pregnancy the autochthonous delusion that her unborn child had been harmed by her seeing a porpoise in the Thames, developed a severe obsessive-compulsive state, became psychotic at the puerperium with infanticidal and suicidal impulses, but ultimately recovered.

AUTOCHTHONOUS DELUSION

Mrs. HOLMES, *London Bridge* was born March 3, 1689–90, being one of two Girls at that Birth; the other died seven Weeks after. This was puny, and ailing, till she was seven Years old; when she had a very dangerous Fever. But recovering, she had her Health thenceforward somewhat better. Not long after, she had the Small Pox; and after them the Measles; both very favourably. At twelve she began to have the Green Sickness; and became very feeble, weak, lean, pale, and short breathed. She eat Chalk, Plaister, Earth, and Coals; but had little Inclination to any natural Diet. She had a great Gnawing and Pain in her Stomach; which the Chalk and other Things mitigated, and asswaged for the Time. At Fourteen she had the Catamenia; which returned regularly, till, being married, she became with Child. But she had them generally in too great

Quantity. She was commonly pretty well and free to Stool. She was married January 20, 1712–13; has had three Miscarriages; and two Children born alive, but both since dead. She was never sick, or subject to vomit, when she was Breeding; but had usually a Griping and Looseness at that Time, for two or three Days.

In May, 1716, looking out of a Window, she observed a large Porpoise, in the Thames; and was much delighted with the viewing of it. About a Fortnight after, when she was gone about twenty Weeks with Child, and just quickned, she was suddenly invaded by a very great gnawing Pain at the Pit of her Stomach, passing thence directly cross to the opposite Part of her Back; and at the very Moment something rose thence up to the Mold of her Head, and the Top of her Forehead, attended with a Heat and Agitation, like that of Water boiling, and with a Sense of Fullness, as if some new Fluid was actually poured in. This Disorder of her Head was followed, instantly, with a strong perplexing Thought of the Porpoise; and a Fright, lest that should mark her Child; which yet did not happen. She had not, till then, once thought of the Porpoise since the Time that she saw it, which was a Fortnight before, when she saw it with Pleasure. But the Thought was now attended with Dread, Fright, and Melancholy; and obtruded itself upon her, much to her Surprize, and without any Reason that she could conceive. But it molested, teized, and put her into a Disorder, so great as almost to distract her. Thus she continued till the Time she was brought to Bed, in October, 1716. She was persecuted almost incessantly with this Thought of the Porpoise Day and Night. She was, at Times, heavy and lethargic; and her best Sleep was disturbed by frightful Dreams. She never awaked but this Thought first came into her Mind; and continued till she went to Sleep again. The Pain of her Stomach, and the Thought continually attending it, increased and grew more and more vexatious, till the Time that she was brought to Bed. Only sometimes the Pain of the Stomach a little remitted, when the Thought did so too; but it became as vexatious as ever, upon the Increase of the Pain; the Disturbance of the Thought being commensurate to the Pain, and greater or less, as the Pain happened to be greater or less. She frequently endeavoured to cast that Thought out; and to introduce another, that might be more pleasing to her; in which she sometimes succeeded; but the new Thought, however pleasant at first, became, in a little time, as troublesome and disturbing as that of the Porpoise. She had at some times a Scotoma; at others, Fits of Weeping, very profuse; after which the Thought and Pain grew less troublesome for a while.

If she drank a little Cordial Water, it somewhat mitigated the Pain for the Time; and her Thoughts were less vexatious. Or if Wind happened to descend, the Pain and Thoughts immediately remitted for a while. I have, in its Place, shewn, that the main End of the Catamenia is to dispatch forth such Bile as may happen to be redundant, or vitious. Her's appears to have been both; and not being dispatched forth, during her Impreg-

nation, and the Suppression of the Catamenia, it acted these Parts and Reeks above, in her Stomach and Head. She advised with her Apothecary, and took several Medicines by his Appointment, but without the least Relief; and some that she thought herself worse after. Upon which he advised her to be cheerful, and to be brisk. Which is commonly inculcated by those who are not Judges of these Things, and who do not know, that People in this Case are subject to the Fury of a morbid Principle, and wholly under the Government of it. It is the Nature and Property of that Principle to disturb the Thoughts, pervert the reasoning Power, and present melancholy and vexatious Ideas and Images of things. So that to advise them to think rightly, or to be cheerful, is just the same, as to advise a Man under a severe Fit of the Gout or Stone to be easy, and to be in no Pain. To utter such Sentences, they must either think them Charms, and themselves Conjurors; or they do those that are in this unhappy Case the utmost Injury, by intimating to their Friends, that Ease and Cheerfulness is in their Power; and that, if they enjoy not both, they are to blame, and it is their own Fault; than which nothing can be more unjust.

Upon her being brought to Bed, the Thought and the Pain were, for three Days, somewhat less troublesome; but afterwards various teazing Thoughts, and many not rational, began to perplex her; and became more molesting than ever. Amongst others, she had Thoughts of the Devil, as tempting and vehemently urging of her to ill; particularly to fling her Child into the Fire, beat its Brains out, and the like; to which she had the utmost Horror and Aversion; being naturally mild, good natured, and very virtuous. But she found herself so much out of her own Power and Guidance, excepting only when the Principle in her Stomach happened to be a little easy and quiet; and that she was so entirely under the Disposition and Government of that Principle, that she was in perpetual Fear of her doing something very ill, when that was boisterous in her. She had frequently Temptations to lay violent Hands on herself. These Molestations and Suggestions of the Devil, as she apprehended, became continually more frequent and troublesome, so as almost to distract her; and she was neither capable of Business, nor any regular Thought; she durst never be by her self, or alone, for Fear of some ill Accident; till the Time that she applied to me. She never saw any thing; but seemed to hear a Voice, which she apprehended was of the Devil; calling her into the next Room; she constantly refusing, praying &c. She was sometimes able to change the Thought of the Devil, to that of God; but yet even this, by Degrees, became as troublesome and vexatious as the former. Tho' she had frequently a Sense of Fullness, and her Head seemed to swell, and to be bigger than usual, when her Thoughts and Pain were ever the most urgent; she had other Times a Sense of Emptiness, and Hollowness of her Head, as if filled with Wind. She had the Lochia as usual; only they were discoloured and somewhat more than ordinarily black. She had had the Catamenia once since she was brought to Bed, in greater Quantity,

and much blacker than usual. In her Stools also, upon the evacuant Medicines, was an Atra Bilis enough to shew Cause sufficient of all these Disorders.

She consulted me, November 6, 1716. I directed her an oily Draught; and . . . Purge . . . to be taken next Morning; and a Clyster, half an Hour after it. In the Operation, the Pain of the Stomach remitting, her Thoughts became less troublesome; and a Sickness came on at her Stomach, but not so great as to move Vomiting. It worked plentifully, giving at least a dozen Stools . . . She had, after this, a better Night than usual; and the next Day the Pain of her Stomach was easier, and her Thoughts not so unruly as before . . . In the operation of the third Purge, which was very plentiful, her Stomach became wholly easy, her Thoughts free, and what she calls the Suggestions of the Devil, wholly ceased. Nor has she perceived any thing more of that sort; but been lightsome, cheerful, easy, and well, ever since.

NICHOLAS ROBINSON (1697–1775)

MD Rheims, LRCP, physician and teacher of medicine of London, and a governor of Bethlem Hospital

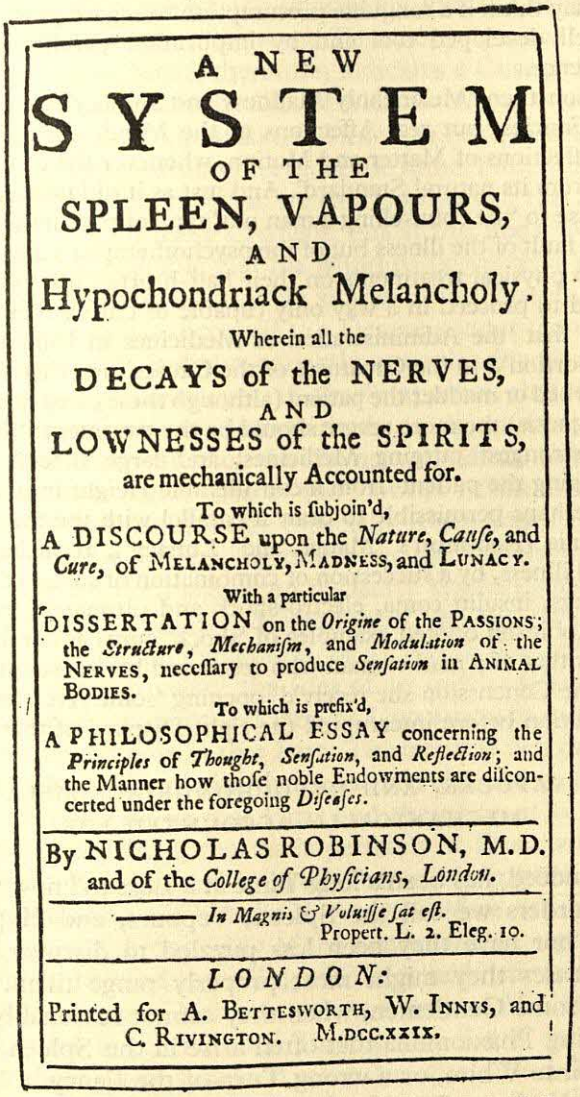
A new system of the spleen, vapours, and hypochondriack melancholy: wherein all the decays of the nerves, and lownesses of the spirits, are mechanically accounted for, 1729 *London, Bettesworth* et al. (pp. xvi + 408) pp. 174-6, 178-82, 190-1, 196, 288, 392-3, 399-402, 406-8

Robinson's approach to mental illness was what he himself almost prophetically called that of 'the Moderns' who he thought had 'more certain Grounds to go upon' as the result of discoveries in what are today called the basic sciences. With the new horizon of scientific thought opened up by 'the Improvements of Natural Philosophy' in the preceding century, in particular Newtonian physics, Hooke's work on elasticity, the physiological advances led by Harvey's 'Discovery of the Circulation of the Blood', and Willis's work on the anatomy of the 'Brain and nervous stock' he felt the time was ripe to account 'mechanically' for mental as well as bodily diseases. Thus he attributed 'Alterations of the Mind' ranging from mere 'Lownesses of the Spirits' to frank 'Madness, and Lunacy', to changes in the '*Machinulæ* of the Nerves and Fibres that compose the Brain' which he visualised in terms of altered vibration, tension and relaxation of 'elastick' nerve fibres, irregular motion of the nervous fluid, and disturbances of the 'Animal Aether' whose function he believed was to 'support the Faculties, balance the Mind, and keep the Passions steady'. He gave 'as full a Demonstration, as the Nature of the Thing will admit' that in all cases it is not the mind itself but 'the Instruments, by which the Mind directs the Powers of its Operations' which 'are affected'.

Robinson's exposition brings into sharp relief a question which has been argued among doctors ever since: is mental illness brain disease? Before Thomas Willis, opinion was divided between theologians and medical men, between physicians of the spirit and of the body, the problem being between body and soul with the old humoral pathology and its theory of the passions midway like a psycho-physical Janus pointing in both directions. But there was no clash since two separate disciplines from their own points of view saw the same problem differently until Willis put the nervous system clearly on the map when the dispute was carried into and divided the profession itself. Opposing schools developed, the somatic and the psychic as they came to be called in the nineteenth century [see Lawrence 1819; Feuchtersleben 1847]. Robinson – physiologist and physician of repute (who incidentally had rooms in the College of Physicians) – became an uncompromising somaticist and formulated a mechanical theory of mental illness in terms of 'Changes in the Motion of the Fibres'.

He argued that because mind without brain was inconceivable psychological

processes were simply expressions of physical events in the nerves and consequently symptoms only and irrelevant in the pathogenesis of mental illness. But since he could bridge the gap between physical and psychological as little or even less than is possible today, he was carried away by his enthusiasm for science into unscientific generalisations and speculations – in which he was also very modern. Thus he adduced 'as strong an Argument as can be given . . . that these Disorders' depend 'on the perverted Motion of the Fibres of the Brain', namely the 'absolute Stubbornness of the Mind' which makes it impossible 'to counsel' a patient out of them 'tho' never so eloquently apply'd'. This may be called the therapeutic argument which recurs with variations



A NEW

SYSTEM

OF THE

SPLEEN, VAPOURS,

AND

Hypochondriack Melancholy.

Wherein all the

DECAYS of the NERVES,

AND

LOWNESSES of the SPIRITS,

are mechanically Accounted for.

To which is ſubjoin'd,

A DISCOURSE upon the *Nature*, *Cauſe*, and *Cure*, of MELANCHOLY, MADNESS, and LUNACY.

With a particular

DISSERTATION on the *Origine* of the PASSIONS; the *Structure*, *Mechaniſm*, and *Modulation* of the NERVES, neceſſary to produce *Senſation* in ANIMAL BODIES.

To which is prefix'd,

A PHILOSOPHICAL ESSAY concerning the *Principles* of *Thought*, *Senſation*, and *Reflection*; and the Manner how thoſe noble Endowments are diſconcerted under the foregoing *Diſeaſes*.

By NICHOLAS ROBINSON, M.D.
and of the *College of Phyſicians*, *London*.

——— *In Magnis & Voluiſſe ſat eſt.*
Propert. L. 2. Eleg. 10.

LONDON:

Printed for A. BETTESWORTH, W. INNYS, and C. RIVINGTON. M.DCC.XXIX.

FIG. 62 Title-page of Nicholas Robinson's *New system of the spleen, vapours, and hypochondriack melancholy*, 1729.

throughout the history of psychiatry. It seems each age inclines to overrate its therapeutic prowess and takes response to its treatments – so hard to evaluate even today and so full of pitfalls – as confirmation of its etiological theories and even as an index of diagnosis. In the sixteenth and seventeenth centuries for instance response to treatment (such as it was) served to distinguish natural disease like 'hysteria' from supernatural conditions due to demoniacal possession and witchcraft [see Jorden 1603]. At the present time as in Robinson's there is a tendency to consider lack of response to 'counselling' or psychological treatment whether of mild or severe mental disturbance as proof that mental illness is a manifestation of underlying if undiscovered brain dysfunction. Yet future generations may think it a sanguine presumption to regard present-day psychotherapy a well developed tool and by implication psychopathology a well developed science.

For Robinson then 'Melancholy Madness and Lunacy' were 'no imaginary Whims and Fancies, but real Affections of the Mind, arising from the real, mechanical Affections of Matter and Motion, whenever the Constitution of the Brain warps from its natural Standard'. And just as it did not occur to him that lack of response to 'the counselling a man out' type of psychotherapy might not have been the fault of the illness but of the psychotherapist's art, he blamed lack of response to physical treatments on their half-hearted use by 'safe Men . . . who are afraid to proceed in a way only capable of curing them'. His guiding principle was that 'the Administration of Medicines in Lunacy or Madness' must be 'proportion'd to the Greatness of the Causes', in other words the more severely disturbed or madder the patient (although these cases carry by no means the worst prognosis) the more severe should be the treatment: 'the most violent Vomits, the strongest purging Medicines, and large Bleedings . . . often repeated', flinging the patient 'from a considerable Height into the Water' and so on. It is perhaps permissible to draw a parallel with the modern treatment of schizophrenia (Robinson's 'Mania' and 'Lunacy'), regarded as the most serious mental illness, by a succession or combination of so-called tranquillizing and other drugs, insulin coma, electro-shock and ultimately leucotomy. Not surprisingly Robinson quoted examples of 'shock' cures as confirmation of his beliefs such as that of a mad woman who recovered her senses after a fall from a mountain 'the Concussion she receiv'd' opening 'some Avenues of the Brain, whose Obstruction before interrupted the right Display' of that organ.

SPLEEN, VAPOURS, AND HYPOCHONDRIACK MELANCHOLY MECHANICALLY ACCOUNTED FOR

The World, indeed, has been a long Time at a Loss to know what to make of those Disorders we call the Spleen, Vapours, and Hypochondriack Melancholy; nor have they been less puzzled to discover, under what Class of Diseases they might most properly range them. This is the Reason, why some Gentlemen, when they cannot reasonably account for those surprizing Phænomona that often arise in the Spleen, are so ready to resolve all into Whim, or a wrong Turn of the Fancy.

But if that Variety of Symptoms, that often affects the Body, under those Disorders, arise from a wrong Turn of the Fancy, I hope these

Gentlemen will be so candid as to inform us, from whence that wrong Turn of the Fancy it self arises, that is suppos'd to give Being to all those Symptoms; For I deny, that all the Thoughts themselves can ever start from a regular Way of Thinking, without inferring, at the same Time, a Change in the Motions of the Animal Fibres; whether the Object causing that irregular Turn of Thought, was primarily struck upon the Mind, and so acted upon the Body, by first acting upon the Passions; or was first lodg'd in the Fibres, and, by affecting the material Organs, after that, disconcerted the Passions: and after them, the Mind: I say, which way soever the Shock was received, it's impossible that the Mind can suffer, and the Body be unaffected at the same Time, *& vice versa* . . .

Every Change of the Mind, therefore, indicates a Change in the bodily Organs; nor is it possible for the Wit of Man to conceive how the Mind can, from a chearful, gay Disposition, fall into a sad and disconsolate State, without some Alterations in the Fibres, at the same Time; for the relative Gravity of the Body, that is, what we call Lowness of the Spirits, is no otherwise increas'd upon these Changes, but as the Body weighs heavier to the Mind; nor is it possible that the Mind could perceive any Addition of Weight, if the Fluids did not move slower in the Vessels, upon which their attracting Principle is increas'd to a Degree greater than is consistent with a freer Circulation, and consequently a regular Standard of Health.

From the foregoing Arguments, it clearly appears, that whenever the Mind perceives itself uneasy, low-spirited, or dejected, it is as full a Demonstration, as the Nature of the Thing will admit, that the Instruments, by which the Mind directs the Powers of its Operations, are affected; and this holds good, more especially if the under Faculties produce not their regular Effects, agreeable to the Determination of the Will . . . Upon these Grounds, then it clearly appears, that neither the Fancy, nor Imagination, nor even Reason itself, the highest Faculty of the Understanding, can feign a Perception, or a Disease that has no Foundation in Nature; cannot conceive the Idea of an Indisposition, that has no Existence in the Body; cannot feel Pain or Uneasiness in any Part, unless there be Pain or Uneasiness in that Part: The affected Nerves of that Part must strike the Imagination with the Sense of Pain, before the Mind can conceive the Idea of Pain in that Part; and therefore, it is in vain to go about to persuade any Man, that he is perfectly at Ease, while he, at the same Time, perceives himself in great Pain and Anguish from divers Affections of the Body . . . While the Nerves, therefore, are in good Plight, the Ideas they convey through any of the Senses will be regular, just, and clear; upon which the Understanding will judge and determine of Objects, as they are, by the Laws of Nature, made to exist to a Mind fitly dispos'd, with proper Organs to receive their Impression: But if the Structure or Mechanism of these Organs happen to be disorder'd, and the Springs of the Machine out of Tune; no Wonder the Mind perceives the Alteration, and is affected with the Change . . .

From the best and nicest Observations I have been able to make, I cannot discover any other Difference between the Spleen and Hypochondriack Melancholy, than that the Hip. is the Spleen improv'd on the Constitution, through a longer Continuance of the Disease: The Vapours are so nearly related to the Spleen, that whatever can, with any Propriety, be alledg'd of the one; with a very little Variation, may be inferr'd of the other . . .

From the Reasonings and Arguments of the foregoing Discourses on the Nature of the Symptoms, it clearly appears, that melancholy Madness and Lunacy are only the Spleen and Vapours improv'd, in different Constitutions, when not reliev'd by timely Applications; and, if so, it necessarily follows, that they must arise from the same Causes, more highly advanc'd into the Habit, which render all the Symptoms more dejecting in the melancholy Madness, and more bold, furious, and violent, in Lunacy, or the maniacal Madness.

OF THE CURE OF MELANCHOLY MADNESS

This is that most gloomy Scene to which all splenetick Symptoms tend, that are not timely prevented by proper Applications. The Mind under this Species of Madness appears often as if it were moap'd, or stupid, being fearful to the last Degree of Despair. I know it is the Opinion of some, that remove the Passion that gave the first Shock to the intellectual Faculties, and the Effects will cease: But in this they are greatly mistaken; for I am my self acquainted with a Gentleman who had one only Daughter, that was melancholy mad for Love of a young Gentleman: Her Father, by Advice from Friends, was prevail'd on to admit him to marry her, in hopes of her Recovery; because though she talk'd greatly out of the way, yet was she always much better in his Presence. But Marriage did not abate the Lunacy, nor remove the Impediment of her Brain; for she attempted several Times to murder him: So that at last they were oblig'd to confine her to a Mad-House, for fear of further Mischief. And by the Way, this is as strong an Argument, as can be given to prove, that these Disorders are more dependant on the perverted Motion of the Fibres of the Brain, than any absolute Stubbornness of the Mind; and you may as soon attempt to counsel a Man out of the most violent Fever, as endeavour to work any Alteration in their Faculties by the Impressions of Sound, tho' never so eloquently apply'd; till by proper Applications you have remov'd the Pressure of the corporeal Organs . . .

I call that kind of melancholy Madness, where Men rave in an extravagant Manner, Lunacy; because it is only the same Disease, improved in a hot, biliose Constitution; that is, as in the former Cases of the Hypochondriack Melancholy, Natural Melancholy, and Religious Melancholy, the *Machinulæ* of the Fibres, that compose the Brain and Organs of the several Senses were disconcerted, and set at too great a Distance from each

other; so, in this of Lunacy, their Springs are drawn too near each other that is, their Fibres are too much under a convulsive State, or State of violent Contraction, and therefore will demand the Assistance of all Remedies, that may relax, supple, and bring down their *Machinulæ* to their natural Standard. Now, as in the former Cases, Bleeding, Purging, and Medicines of the harsher Operation, if too frequently us'd, were prejudicial to the Patient, so will it be absolutely impossible to give any considerable Turn to the Disease under these Circumstances, without instituting a Course of Medicines of the most violent Operation; and if that be not sufficient to bring down the Spirit of these Stubborn Persons, we must endeavour to reduce their artificial Strength by compulsive Methods.

Concerning the Administration of Medicines in Lunacy or Madness, it is a Misfortune, that we seldom use those that are proportion'd to the Greatness of the Causes, and consequently that are capable of compleating a successful Cure; that is, those that are capable of making those Alterations in the Fibres of the Brain, necessary to procure a Freedom from those Affections, the Mind labours under during the Continuance of this Disease.

Give me Leave to say, that no Man can have a tenderer, or more compassionate Concern for the Misery of Mankind than my self; yet it is Cruelty in the highest Degree, not to be bold in the Administration of Medicines, when the Nature of the Disease absolutely demands the Assistance of a powerful Remedy, and more especially in Cases where there can be no Relief without it. It is owing to these safe Men, that do but little Good, and a great deal of real Mischief, that chronick Diseases are so rife now-a-days, and so generally incurable; not that they are so in themselves. but only render'd so by those, that are afraid to proceed in a Way only capable of curing them. In this Case, therefore, the most violent Vomits, the strongest purging Medicines, and large Bleeding, are to be often repeated. While the Madness holds on, a spare, thin, attenuating Diet is known to be of singular Service, which, in conjunction with the foregoing Remedies, I believe will be able to relieve any Degree of Lunacy, capable of a Cure.

Thus I have gone through the Nature, Cause, and Cure, of all the most perplexing Phænomena, that affect the animal Powers, from the slightest Symptoms of the Spleen and Vapours, to the most confirm'd Affections of Melancholy Madness and Lunacy: In which Proceeding I have endeavour'd to place these several Subjects, in the clearest Light their abstruse Natures would admit; and have endeavour'd to demonstrate, that they are no imaginary Whims or Fancies, but real Affections of the Mind, arising from the real, mechanical Affections of Matter and Motion, whenever the Constitution of the Brain warps from its natural Standard.

ANONYMOUS

ONANIA, 1730

ONANIA:

OR, THE

HEINOUS SIN

OF

Self-Pollution,

AND ALL ITS

Frightful Conſequences, (in both SEXES,)
CONSIDER'D;

With Spiritual and Phyſical ADVICE to thoſe who have already injur'd themſelves by this abominable Practice.

The FIFTEENTH EDITION, as alſo the SIXTH EDITION of the *SUPPLEMENT* to it, both of them, Reviſ'd and Enlarg'd, and now Printed together, in this One Volume.

And as the ſeveral Paſſages, in the *Former* Impreſſions, that have been charg'd with being Obſcure and Ambiguous, are, in *Theſe*, clear'd up, and explain'd, there will be no more Alterations or Additions made to them.

And ONAN *knew that the Seed ſhould not be his; and it came to paſs, when he went in unto his Brother's Wife, that he ſpilled it on the Ground, leſt that he ſhould give Seed to his Brother. And the Thing which he Did, diſpleaſed the* LORD: *wherefore he Slew him alſo.* Gen. xxxviii. *ver.* 9, 10.

Non Quis, Sed Quid.

LONDON:

Printed for, and now Sold only by J. ISTED, at the *Golden-Ball*, between St. *Dunſtan's* Church, and *Chancery-Lane* End in *Fleet-ſtreet*, Bookſeller, 1730. (Mr. *Crouch*, Bookſeller, who us'd alſo to ſell it, being dead.)
(Price Stitch'd Three Shillings, and Bound Three Shillings and Six-Pence.)

FIG. 63 Title-page of the 15th edition of *Onania*, 1730, a remarkably popular treatise on the '*Frightful Consequences . . . of Self-Pollution*'.

'This abominable Sort of Impurity' wrote the author, supposedly a Dr Bekkers, 'is that unnatural Practice, by which Persons of either Sex may defile their own Bodies, without the Assistance of others, whilst yielding to filthy Imaginations'. It leads in men to 'Gonorrhoea's . . . Nightly and excessive seminal Emissions; a Weakness in the Penis, and a Loss of Erection', in women to 'Fluor Albus . . . Barrenness . . . and at length a total Ineptitude to the Act of Generation'; in those 'whom it has not kill'd' it causes in addition 'a whole Legion of Diseases' from 'Epilepsies' to 'Consumptions'. A awful picture is painted of 'licentious Masturbators': 'we shall find them with meagre Jaws, and pale Looks, with feeble Hams, and Legs without Calves, their Generative Faculties . . . destroy'd . . . A Jest to others, and a Torment to themselves'. In one of the many letters from patients inserted in the book a victim to 'that damnable and accursed Practice . . . that Performance of Satan' writes how he suffered: 'My memory has entirely fail'd me . . . I am dull, sleepy, and melancholly . . . I feel . . . Pain in my Arms, small of my Back, and Loins . . . I fear my Nerves are some way affected . . . I find my Body . . . full of Pimples' and so on. The principles of cure were 'Repentance, Conversion and Amendment' reinforced with the author's 'strength'ning Tincture' and 'Prolifick Powder'.

After an interval of fifty years there appeared an English translation by Alexander Hume, MD of *Onanism: or, a treatise upon the disorders produced by masturbation*, 1781 by Simon André Tissot (1728–1797), MD, FRS, physician of Lausanne, written because 'of the necessity of displaying to youth all the horrors of that tremendous gulph in which they voluntarily precipitate themselves'. He also reviewed the literature starting with Hippocrates's account of '*Tabes Dorsalis* . . . occasioned by the abuse of amorous pleasures' (which was also the subject of an anonymous monograph *A practical essay upon the tabes dorsalis*, 1748) to the descriptions by 'that celebrated burgomaster and physician of Amsterdam' Nicolaas Tulp (1593–1674) of 'wasting . . . of the spinal marrow' which 'cannot be read without horror', and ending with accounts 'of a person's losing his sight' and 'another man, whose brain was heard to rattle in the pericranium' from 'excesses of the same nature'. In 1785 there followed *Nymphomania, or, a dissertation concerning the furor uterinus . . . Written originally in French by M. D. T. De Bienville, M.D. and translated by Edward Sloane Wilmot, M.D.* called also 'metromania' and defined as 'a melancholy *delirium*, the cause of which is in the vice of the *matrix*'. Starting with 'immoderate cupidity' when 'they perpetually dishonour themselves in secret by habitual pollutions', it ended in 'confirmed madness'.

By the nineteenth century the sequence masturbation – venereal excess – venereal disease – nervous disease – insanity was firmly established not only in the lay but also in the medical mind despite an occasional rational approach like that of John Hunter (1786) to these emotionally charged matters. Venery in general and masturbation in particular achieved the status of major causes of mental ills and nervous disorders of all kinds including paralysis. Sir William Ellis (1838) had 'no hesitation in saying, that in a very large number of patients in all public asylums, the disease may be attributed to that cause'. In the large literature which sprang up there was soon added another scare: *A practical treatise on the causes, symptoms, and treatment, of spermatorrhœa: by M. Lallemand . . . Translanted and edited by Henry J. McDougall*, 1847 expounded the consequences of 'involuntary seminal discharges' or 'diurnal pollutions' which the

author considered 'sufficiently serious to disorder the health of the patients considerably, and even sometimes to cause death . . . The patients affected by it are always hypochondriacal – indeed, the symptoms of hypochondriasis and mental derangement are generally by far the most prominently marked in them'.

In 1848 Dr Samuel Gridley Howe [*q.v.*], an advanced thinker and revolutionary in many fields, in discussing 'self-abuse' as one of the causes of idiocy, wrote 'One would fain be spared the sickening task of dealing with this disgusting subject; but as he who would exterminate the wild beasts that ravage his fields must not fear to enter their dark and noisome dens, and drag them out of their lair; so he who would rid humanity of a pest must not shrink from dragging it out from its hiding-places, to perish in the light of day'.

As late as 1892 Dr David Yellowlees, physician-superintendent of the Glasgow Royal Asylum, Gartnaval described the effects of masturbation in D. H. Tuke's *Dictionary of psychological medicine* as 'moral and mental shipwreck. The whole nature is deteriorated . . . mental faculties become blunted . . . the miserable wretch would commit suicide if he dared, but he rarely has the courage . . . and sinks into melancholic dementia'. This is not the place to go into details of the many cures suggested to root out this scourge, but the local surgical measures which included castration are instances of that therapeutic zeal which so often springs from mistaken notions. And while today the spectre of masturbation no longer haunts psychiatry interestingly not a few patients continue to attribute their symptoms to it – an instance of the time lag between science and folklore of which there are many examples.

GEORGE CHEYNE (1671–1743)

MD Aberdeen, hon. FRCP Edin., FRS, physician of Edinburgh, London and Bath

1. *The English malady: or, a treatise of nervous diseases of all kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers, &c . . . With the author's own case at large*, 1733 *London, Strahan & Leake* (pp. xxxiv+370) pp. i-ii, 260-2

   A sixth edition 1739

2. *The natural method of cureing the diseases of the body, and the disorders of the mind depending on the body*, 1742 *London, Strahan & Knapton* (pp. xx+316) pp. 78, 84-5, 81-2, 90

   A fifth edition 1753

Like many authors on nervous diseases of the depressive kind, Cheyne wrote from personal experience and so, perhaps understandably, claimed that those 'of the liveliest and quickest natural Parts . . . whose Genius is most keen and penetrating' were most prone to such disorders: 'Fools, weak or stupid Persons, heavy and dull Souls, are seldom troubled with Vapours or Lowness of Spirits'. Perhaps for the same reason he considered that 'of all the Miseries that afflict Human Life, and relate principally to the Body, in this Valley of Tears, I think, *Nervous* Disorders, in their extream and last Degrees, are the most deplorable, and beyond comparison the worst'. He blamed especially 'Gluttony and Intemperance', since when at his worst with 'Head-ach, Giddiness, Watchings, Lowness, and Melancholy . . . perpetual Anxiety and Inquietude . . . So that I could scarce bear the Sight of my Patients' his weight 'exceeded 32 Stone'. In the extracts he described how difficult it was – as it still is – to explain the nature of their illness to patients and relatives, for 'nervous Distempers' were even then 'under some Kind of Disgrace and Imputation'; and recommended treatment especially by evacuation and slender diet, by which he had himself been cured.

THE ENGLISH MALADY

The Title I have chosen for this Treatise, is a Reproach universally thrown on this Island by Foreigners, and all our Neighbours on the Continent, by whom nervous Distempers, Spleen, Vapours, and Lowness of Spirits, are in Derision, called the ENGLISH MALADY. And I wish there were

THE

English Malady:

OR, A

TREATISE

OF

Nervous Diſeaſes of all Kinds,

AS

Spleen, Vapours, Lowneſs of Spirits, Hypochondriacal, and Hyſterical Diſtempers, *&c.*

In THREE PARTS.

PART I. Of the Nature and Cauſe of Nervous Diſtempers.
PART II. Of the Cure of Nervous Diſtempers.
PART III. Variety of Caſes that illuſtrate and confirm the Method of Cure.

With the AUTHOR'*s own* CASE *at large.*

——Facilis deſcenſus Averni,
Sed revocare Gradum, ſuperaſque evadere ad Auras,
Hic Labor, *hoc* Opus *eſt. Pauci quos Æquus amavit,*
Jupiter, *aut ardens evexit ad Æthera* Virtus
Dis Geniti potuere—— VIRG.

By *GEORGE CHEYNE*, M. D.
Fellow of the *College of Phyſicians* at *Edinburg*, and *F. R. S.*

LONDON:
Printed for G. STRAHAN in *Cornhill*, and J. LEAKE at *Bath*. M.DCC.XXXIII.

FIG. 64 Title-page of George Cheyne's *English malady*, 1733.

not so good Grounds for this Reflection. The Moisture of our Air, the Variableness of our Weather, (from our Situation amidst the Ocean) the Rankness and Fertility of our Soil, the Richness and Heaviness of our Food, the Wealth and Abundance of the Inhabitants (from their universal Trade) the Inactivity and sedentary Occupations of the better Sort (among whom this Evil mostly rages) and the Humour of living in great, populous and consequently unhealthy Towns, have brought forth a Class and Set of Distempers, with atrocious and frightful Symptoms, scarce known to

our Ancestors, and never rising to such fatal Heights, nor afflicting such Numbers in any other known Nation. These nervous Disorders being computed to make almost one third of the Complaints of the People of Condition in England . . .

Nervous Distempers especially, are under some Kind of Disgrace and Imputation, in the Opinion of the Vulgar and Unlearned; they pass among the Multitude, for a lower Degree of Lunacy, and the first Step towards a distemper'd Brain: and the best Construction is Whim, Ill-Humour, Peevishness or Particularity; and in the Sex, Daintiness, Fantasticalness or Coquetry. So that often when I have been consulted in a Case, before I was acquainted with the Character and Temper of the Patient, and found it to be what is commonly call'd Nervous, I have been in the utmost Difficulty, when desir'd to define or name the Distemper, for fear of affronting them, or fixing a Reproach on a Family or Person. If I call'd the Case Glandular with nervous Symptoms, they concluded I thought them pox'd, or had the King's-Evil. If I said it was Vapours, Hysterick or Hypochondriacal Disorders, they thought I call'd them Mad or Fantastical: and if they were such as valued themselves, on fearing neither God nor Devil, I was in Hazard of a Drubbing for seeming to impeach their Courage: and was thought as rude, as if I had given them the Lye; and even the very best has been, I myself was thought a Fool, a weak and ignorant Coxcomb, and perhaps dismiss'd in Scorn; and some I have actually lost by it. Notwithstanding all this, the Disease is as much a bodily Distemper (as I have demonstrated) as the Small-Pox or a Fever; and the Truth is, it seldom, and I think never happens or can happen, to any but those of the liveliest and quickest natural Parts, whose Faculties are the brightest and most spiritual, and whose Genius is most keen and penetrating, and particularly where there is the most delicate Sensation and Taste, both of Pleasure and Pain. So equally are the good and bad Things of this mortal State distributed! For I seldom ever observ'd a heavy, dull, earthy, clod-pated Clown, much troubled with nervous Disorders, or at least, not to any eminent Degree; and I scarce believe the Thing possible, from the animal Oeconomy and the present Laws of Nature.

LOW DIET

Upon the strictest Enquiry, and most anxious Examination, I could never find a natural and philosophical Cause for, or Account of, Ideotism, Stupidity, Loss of Senses, Memory, or Judgment, for Lunacy or Madness, or of any of those Distempers that are called Cephalic or Nervous, or which is attended with a Deviation from what is called common Sense, or just Thinking, but an Obstruction, Extinction, Relaxation, or Malformation of the proper Organs which are commonly reckon'd the Nerves, or their Membranes . . . by which the Mind acts uniformly or regularly . . .

How much Diseases, Debauches and Accidents, that disorder or destroy

the Organs of Thinking, influence our Manner of Thinking, is so obvious, that not only Philosophers, and all the Tribes of Physicians, but even the Vulgar have observ'd it, and its Truth is almost an Axiom of Common Sense . . . In England alone, from Gluttony and Intemperance in fermented Liquors, and from unguarded Leachery, I have been told, that a late worthy and learned Physician, that had examin'd into the Numbers confin'd for Lunacy and Madness, upon the strictest Examination, found they reach'd to a Number I dare not name. And another Physician ascribed Wrong-headness, gloomy Thinking, Melancholy, Despondency and Darkness on the Imagination, to the abounding of Choler in the Stomach, which every one knows to arise from Intemperance and Excess . . .

I have been credibly inform'd, that Sir Isaac Newton, when he applied himself to what is esteem'd the greatest Stretch of human Invention and Penetration, (*viz.* the Study, Investigation and Analysis of the Theory of Light and Colours) to quicken his Faculties, and fix his Attention, confin'd himself to a small Quantity of Bread, dureing all the Time, with a little Sack and Water, of which, without any Regulation, he took as he found a Craving, or Failure of Spirits . . . Many more Instances I could give of great Men in all Ages, and of all Professions, who maintain'd their Superiority of Parts, their Attention, Penetration, just and close Thinking, by extreme Temperance and Abstinence . . .

I have already said, that true Mania's, real Lunacy, Madness, and a disorder'd Brain, (a Disease by which so shamefully many suffer in England, and those of the best Kind, and many of them of distinguish'd Parts) can possibly be accounted for, from no other natural Cause, but a Mal-regimen of Diet; and the best Physicians have no other Method of curing such Diseases, but great, proper, and frequent Evacuations of all kinds, Vomits especially, with a low Diet.

THOMAS FITZGERALD (1695–1752)

MA Cantab., vicar of Brigstock, Northamptonshire; rector of Wotton and Abinger, Surrey; poet

Bedlam. In: *Poems on several occasions*, 1733 *London, Watts* pp. 1-4, 10-1

Published separately as *Bedlam: a poem*, 1776

Bedlamites, mendicant characters such as Tom and Bess o'Bedlam and allusions to Bethlem Hospital were common in Elizabethan and Jacobean literature, but separate poems such as this about Bedlam and its inmates did not appear until the eighteenth century. Fitzgerald followed the usual pattern of these compositions (also found in Hildebrand Jacob's *Bedlam, a poem*, 1723) first extolling the building itself, then describing patients according to popular notions of the causes and signs of melancholy and madness and ending with the moral how to avoid a like fate. Among the types commonly illustrated were the self-styled potentate, the love-lorn maiden, the miser, the philosopher with magic powers, the crazed inventor, the melancholic poet and the religious fanatic.

BEDLAM VERSES

Where proud Augusta, blest with long Repose,
Her ancient Wall and ruin'd Bulwark shows;
Close by a verdant Plain, with graceful Height
A stately Fabric rises to the Sight.
Yet, though its Parts all elegantly shine,
And sweet Proportion crowns the whole Design;
Though Art, in strong expressive Sculpture shown,
Consummate Art informs the breathing Stone;
Far other Views than these within appear,
And Woe and Horror dwell for ever here.
For ever from the echoing Roofs rebounds
A dreadful Din of heterogeneous Sounds;
From this, from that, from ev'ry Quarter rise
Loud Shouts, and sullen Groans, and doleful Cries;
Heart-soft'ning Plaints demand the pitying Tear,
And Peals of hideous Laughter shock the Ear.
Thus, when in some fair Human Form we find
The Lusts all rampant, and the Reason blind,
Griev'd we behold such Beauty given in vain,

And Nature's fairest Work survey with Pain.
Within the Chambers which this Dome contains,
In all her frantic Forms Distraction reigns.
For when the Sense from various Objects brings,
Through Organs craz'd, the Images of Things,
Ideas, all extravagant and vain,
In endless Swarms croud in upon the Brain:
The cheated Reason True and False confounds,
And forms her Notions from fantastic Grounds.
Then, if the Blood impetuous swells the Veins,
And Choler in the Constitution reigns,
Outrageous Fury straight inflames the Soul,
Quick beats the Pulse, and fierce the Eyeballs roll;
Rattling his Chains the Wretch all raving lies,
And roars, and foams; and Earth and Heav'n defies.
Not so, when gloomy the black Bile prevails,
And lumpish Phlegm the thick'ned Mass congeals,
All lifeless then is the poor Patient found,
And sits for ever moping on the Ground;
His active Pow'rs their Uses all forgo,
Nor Senses, Tongue, nor Limbs, their Functions know.
In Melancholy lost, the vital Flame
Informs, and just informs the listless Frame.
If brisk the circulating Tides advance,
and Nimble Spirits through the Fibres dance,
Then all the Images delightful rise,
The tickled Fancy sparkles through the Eyes;
The Mortal, all to Mirth and Joy resign'd,
In ev'ry Gesture shews his freakish Mind;
Frolic and free, he laughs at Fortune's Pow'r,
And plays ten thousand Gambols in an Hour.
The Muse forbears to visit ev'ry Cell,
Each Form, each Object of Distress to tell;
To shew the Fopling curious in his Dress,
Gayly trick'd out in gaudy Raggedness:
The Poet, ever wrapt in glorious Dreams
Of Pagan Gods, and Heliconian Streams:
The wild Enthusiast, that despairing sees
Predestin'd Wrath, and Heav'n's severe Decrees;
Thro' these, thro' more sad Scenes she grieves to go,
And paint the whole Variety of Woe.
Mean time, on These reflect with kind Concern,
And hence this just, this useful Lesson learn:
If strong Desires thy reasoning Pow'rs control;
If arbitrary Passions sway thy Soul,

If Pride, if Envy, if the Lust of Gain,
If wild ambition in thy Bosom reign,
Alas! thou vaunt'st thy sober Sense in vain.
In these poor Bedlamites thy Self survey,
Thy Self, less innocently mad than They.

Anno nono

Georgii II. Regis.

An Act to repeal the Statute made in the First Year of the Reign of King *James* the First, intituled, *An Act against Conjuration, Witchcraft, and dealing with evil and wicked Spirits*, except so much thereof as repeals an Act of the Fifth Year of the Reign of Queen *Elizabeth*, *Against Conjurations, Inchantments, and Witchcrafts*, and to repeal an Act passed in the Parliament of *Scotland* in the Ninth Parliament of Queen *Mary*, intituled, *Anent is Witchcrafts*, and for punishing such Persons as pretend to exercise or use any kind of Witchcraft, Sorcery, Inchantment, or Conjuration.

Preamble.

BE it enacted by the King's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, That the Statute made in the First Year of the Reign of King James the First, intituled, An Act against Conjuration, Witchcraft, and dealing with evil and wicked Spirits, shall, from the Twenty fourth Day of June next, be repealed and utterly void, and of none effect (except so much thereof as repeals the Statute made in the Fifth Year of the Reign of Queen Elizabeth) intituled, An Act against Conjurations, Inchantments, and Witchcrafts.

The Act 1 *James* I. *against Conjuration*, &c. repealed,

except a Clause in 5 *Eliz.*

And

FIG. 65 Act of Parliament repealing the Witchcraft Acts, 1736 – the final step in the return to reason and the official recognition of the status of the insane.

ALEXANDER CRUDEN (1701–1770)

MA Aberdeen, proof-reader, bookseller to the Queen, publisher, zealot; author of *A complete concordance to the holy scriptures* (1738) which is still in print

The London-citizen exceedingly injured: or a British inquisition display'd, in an account of the unparallel'd case of a citizen of London, bookseller to the late Queen, who was . . . sent . . . to a private madhouse, 1739 *London, Cooper & Dodd* (pp. 60) pp. 4-7, 9-10, 12-4, 16, 18, 21-2, 35-7

THE

London-Citizen Exceedingly Injured:

OR A

BRITISH

INQUISITION

DISPLAY'D,

In an Account of the UNPARALLEL'D CASE of a *Citizen* of *London*, Bookſeller to the late Queen, who was in a moſt *unjuſt* and *arbitrary* Manner ſent on the 23d of *March* laſt, 1738, by one *Robert Wightman*, a mere Stranger, to a *Private Madhouſe*.

CONTAINING,

I. An Account of the ſaid CITIZEN's barbarous Treatment in *Wright*'s Private Madhouſe on *Bethnal-Green* for nine Weeks and ſix Days, and of his rational and patient Behaviour, whilſt *Chained*, *Handcuffed*, *Strait-Waſtecoated* and *Impriſoned* in the ſaid *Madhouſe*: Where he probably would have been continued, or died under his Confinement, if he had not moſt *Providentially* made his Eſcape: In which he was taken up by the Conſtable and Watchmen, being ſuſpected to be a Felon, but was unchain'd and ſet at liberty by Sir *John Barnard* the then Lord Mayor.

II. As alſo an Account of the illegal Steps, falſe Calumnies, wicked Contrivances, bold and deſperate Deſigns of the ſaid *Wightman*, in order to eſcape Juſtice for his Crimes, with ſome Account of his engaging Dr. *Monro* and others as his Accomplices.

The Whole humbly addreſſed to the LEGISLATURE, as plainly ſhewing the abſolute Neceſſity of regulating *Private Madhouſes* in a more effectual manner than at preſent.

Brethren, pray for us, that we may be delivered from unreaſonable and wicked Men, 2 Theſſ. iii. 1, 2.

LONDON:

Printed for T. COOPER at the *Globe* in *Pater-noſter-Row*, and Mrs. DODD at the *Peacock* without *Temple-Bar*, 1739.

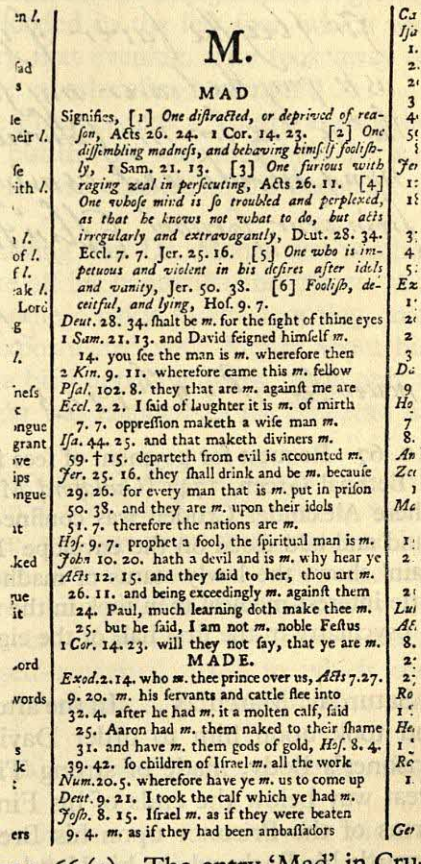
FIG. 66 Title-page of Alexander Cruden's *The London-citizen exceedingly injured*, 1739 (*British Museum*).

Eccentric at all times Cruden was confined in a private madhouse for three short periods, the first time in 1738 following the strain of completing his *Concordance* in record time and which is the subject of this account. Over the years he became more and more megalomanic and advanced in his own estimation from 'Corrector of the Press' his original trade, to 'Corrector of the Morals of the Nation'. Ultimately he identified his moral leadership with the generalship of Alexander the Great, styled himself 'Alexander the Corrector' and in this capacity petitioned parliament for an official appointment. He revealed his experiences in private madhouses in a number of pamphlets written in the third person with all the sensitive though detached attention to detail of a paranoid personality [see also *The adventures of Alexander the Corrector*, three parts, 1754–5]. These give a vivid picture of how patients fared in these establishments in the mid-eighteenth century. The passages chosen tell how he was lured into a madhouse, became a private patient of Dr James Monro and how he escaped to freedom despite being chained to the bedpost. The account contains what is probably the earliest mention in print of the strait-waistcoat, the invention of which is often mistakenly attributed to Macbride (1772), although it is clear from the context that it was already in Cruden's time in general use to restrain patients.

Thursday, March 23 . . . This day Oliver Roberts a Chairman came, as he said, from one Robert Wightman in Spring-Gardens, and told Mr. C. that the said Wightman wanted to speak with him at his lodgings in Spring-Gardens; and Roberts taking with him Anderson the Coachman decoy'd Mr. C. into a Hackney-coach; and till the Coach came to Ludgate-hill Mr. C. did not fully discover their wicked Design, for the Coach-windows were drawn up: Mr. C. had asked Roberts in Chancery-Lane which way the Coach was to go to Spring-Gardens? Roberts answered, Up the Strand. And when Mr. C. saw himself thus imposed upon, he expostulated with them in the following manner: 'Oh! what are you going to do with me? I bless God, I am not mad. Are you going to carry me to Bethlehem? How great is this Affliction! This is the way to put an end to all my Usefulness in the World, and to expose me to the highest Degree! Oh! what shall I do? God help me! I desire to submit to the Will of God.' Roberts then positively told him that he had Orders from the said Wightman to carry him to Country-Lodgings near Bow, which proved to be Wright's private Madhouse on Bethnal-Green, where he delivered him to John Davis the Under-Keeper of the said Madhouse . . .

The said Davis locked Mr. C. up in a room in the Madhouse, who was at first much dejected, but after going to Prayer was greatly comforted . . . When the Prisoner went to bed about eight o'clock, Davis came and told him, that seeing he was in a Madhouse, he must allow himself to be used as a Madman, and submit to have the Chain on the bedstead lock'd upon his Leg, which the Prisoner patiently submitted to . . .

Thomas Lindon Apothecary coming to visit a Patient in the Madhouse, the Prisoner desired him to feel his Pulse, who having felt it, declared it was regular and



MAD

M.

MAD

Signifies, [1] *One diſtracted, or deprived of reaſon*, Acts 26. 24. 1 Cor. 14. 23. [2] *One diſſembling madneſs, and behaving himſelf fooliſhly*, 1 Sam. 21. 13. [3] *One furious with raging zeal in perſecuting*, Acts 26. 11. [4] *One whoſe mind is ſo troubled and perplexed, as that he knows not what to do, but acts irregularly and extravagantly*, Deut. 28. 34. Eccl. 7. 7. Jer. 25. 16. [5] *One who is impetuous and violent in his deſires after idols and vanity*, Jer. 50. 38. [6] *Fooliſh, deceitful, and lying*, Hoſ. 9. 7.

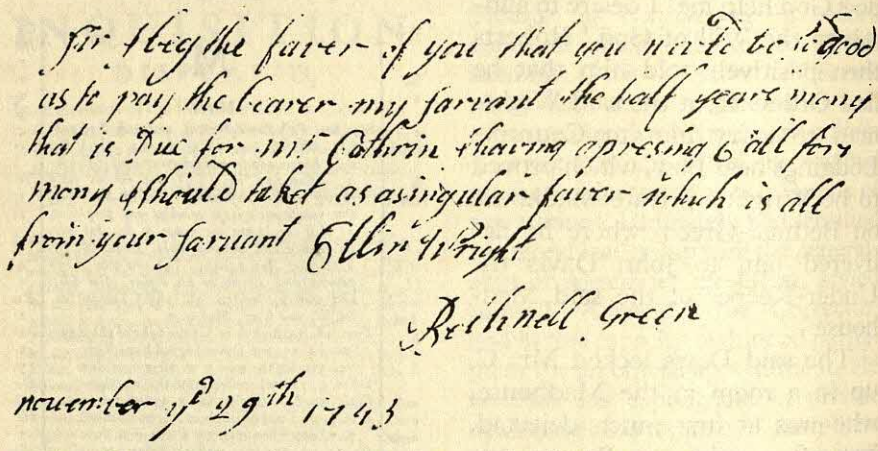
Deut. 28. 34. ſhalt be *m.* for the ſight of thine eyes
1 *Sam.* 21. 13. and David feigned himſelf *m.*
14. you ſee the man is *m.* wherefore then
2 *Kin.* 9. 11. wherefore came this *m.* fellow
Pſal. 102. 8. they that are *m.* againſt me are
Eccl. 2. 2. I ſaid of laughter it is *m.* of mirth
7. 7. oppreſſion maketh a wiſe man *m.*
Iſa. 44. 25. and that maketh diviners *m.*
59. † 15. departeth from evil is accounted *m.*
Jer. 25. 16. they ſhall drink and be *m.* becauſe
29. 26. for every man that is *m.* put in priſon
50. 38. and they are *m.* upon their idols
51. 7. therefore the nations are *m.*
Hoſ. 9. 7. prophet a fool, the ſpiritual man is *m.*
John 10. 20. hath a devil and is *m.* why hear ye
Acts 12. 15. and they ſaid to her, thou art *m.*
26. 11. and being exceedingly *m.* againſt them
24. Paul, much learning doth make thee *m.*
25. but he ſaid, I am not *m.* noble Feſtus
1 *Cor.* 14. 23. will they not ſay, that ye are *m.*

MADE.

Exod. 2. 14. who *m.* thee prince over us, *Acts* 7. 27.
9. 20. *m.* his ſervants and cattle flee into
32. 4. after he had *m.* it a molten calf, ſaid
25. Aaron had *m.* them naked to their ſhame
31. and have *m.* them gods of gold, *Hoſ.* 8. 4.
39. 42. ſo children of Iſrael *m.* all the work
Num. 20. 5. wherefore have ye *m.* us to come up
Deut. 9. 21. I took the calf which ye had *m.*
Joſh. 8. 15. Iſrael *m.* as if they were beaten
9. 4. *m.* as if they had been ambaſſadors

FIG. 66 (a) The entry 'Mad' in Cruden's *Concordance*.

in order. Also Job London Apothecary, coming to visit the Prisoner by Wightman's Order, felt his Pulse, and declared it to be regular, as he afterwards acknowledged before the Lord Mayor. The said London brought physick with him for the Prisoner, by the Prescription of Dr. Monro, tho' the Doctor did not visit him till the 30th of this Instant March. The Prisoner prudently submitted to take the physick that evening. It is to be observed, that if Prisoners in this Madhouse refuse to take what is ordered them, there is a terrible iron Instrument put into their mouths to hold down their tongues, and to force the physick down their throats. The operation of the said physick awaked him about three o'clock in the morning, when he requested Davis in the next room to come and assist him; but Davis obstinately declined it, and instead of acknowledging his Barbarity, when he came in about nine o'clock, sternly made the Prisoner know that he was his Keeper; and to confirm his authority, not only kept the Chain on his Leg, but added to his Misery by chaining his two Wrists together with Handcuffs.


Sir I beg the favor of you that you will be so good as to pay the bearer my servant the half years money that is due for Mrs Cathrin Shaving dressing &c all for Mony I should take as a singular favor which is all from your servant Ellin Wright

Bethnell Green

novemb:r 1st 29th 1743

FIG. 67 Request for payment of fees for a patient in Mrs Wright's Madhouse in Bethnal Green, 1743 (*Guildford Muniment Room*, Loseley MSS. 1546/18) where Alexander Cruden was confined in 1738. The letter in Mrs Wright's hand and addressed on the envelope 'For Counseler way at is house in Shear Lain' shows the lowly status of madhouse keepers which combined with the little interest medical men took in the insane accounts for the lack of progress in psychiatry in the first half of the eighteenth century.

Saturday, March 25 . . . In the afternoon London the Apothecary came, and took upon him to order Davis to put a Strait-Wastecoat on the Prisoner's Body, made of strong Tick, with long Sleeves which came a great way below the ends of his Fingers; and so the Keeper clasped the Arms of the Prisoner upon his Breast, and his Hands round his Sides towards his Back, where his Hands were tied very firmly by large strong strings of Tape . . .

Tuesday, March 28. About ten o'clock in the morning the Prisoner was the first time brought out of his room into the publick parlour among some of the Patients, when Davis took his hands from behind his back, but handcuffed him, and also chained his leg to the chimney-corner: But the Prisoner hating to be chained in the publick parlour with such disagreeable company, earnestly desired about noon rather to be chained in his own room, which was granted; and he sat in his own room, wastecoated, handcuffed, and chained to his bedstead till night, when Davis came and tied the sleeves of the Strait-Wastecoat as before, with his hands behind his back; so that he could go to bed, only by entring at the bed's foot, the chain on his leg which was fixed to the foot of the bedstead, not being long enough to let him go to bed otherwise . . .

Thursday, March 30. Dr. Monro came in his Chariot with Wightman to visit the Prisoner for the first time, tho' it was six days after he had ordered physick for him. The Prisoner not thinking it best to speak much to either of them, only expostulated about his unjust Confinement, and barbarous Usage, enough to convince them that he thought himself greatly injured. Monro ordered him to be blooded in the left foot, which was performed by London the Apothecary that evening, who took away so much blood that the foot was for some months after benumm'd . . .

Monday, April 3. This morning the Prisoner took a Vomit, as ordered by Monro, and prepared by London; but tho' he was unchained, he was again handcuffed by Davis. At night he was chained to his bedstead as usual . . .

Thursday, April 6. The Keeper knowing that Dr. Monro was coming to visit the Prisoner, thought fit to take off his handcuffs and chains, and the Doctor came between eight and nine o'clock in the morning, and Wightman with him: The Prisoner expostulated with Monro about his unjust Confinement, but Monro, like a bird upon the wing, made only a standing visit . . . The Prisoner at night was chained to his bedstead as usual . . .

Thursday, April 13. Dr. Monro coming to Bethnal-Green, as was usual, the Prisoner was neither chain'd nor handcuff'd. About eight o'clock in the morning the Doctor came, and was courteously received by the Prisoner, who desired him to sit down. The Prisoner seriously reasoned the matter with Monro, why he ordered him physick six days before he had seen him, and why he took an account of his case, not from himself but from Wightman, a proud and self-conceited man; to which the Doctor replied, *That he understood his own Business*: but the question was about Monro's doing his business . . .

Saturday, April 15. Davis having unchained the Prisoner in the morning gave him some purging physick . . .

Thursday, April 20. Davis having unchained the Prisoner, Dr Monro came to see him in the morning, with whom the Prisoner expostulated about his unjust Imprisonment, having never been disordered or mad.

The Doctor, without returning any Answer, went off. This was the fourth and last visit he ever received from Dr. Monro . . .

Saturday, May 27. The Prisoner being still chained night and day to his bedstead in this hot season, and being alarmed with being sent to Bethlehem, happily projected to cut his bedstead thro' with a knife with which he eat his victuals. He made some progress in it this day . . .

The Lord's Day, May 28. The Prisoner being still chained night and day, made his own bed himself very early to conceal his design, but used not his knife this day upon the bedstead . . .

Monday, May 29. The Prisoner being still chained night and day, took Physick by Monro's order in the morning; and in the afternoon he again used his knife upon the bedstead . . .

Tuesday, May 30. The Prisoner being still chained . . . went to work again, prayed hard and wrought hard, till his Shirt was almost as wet as if dipt in water; and as if he had received more than common Vigour and Strength, he finished the great Operation about four o'clock in the afternoon: Upon which he kneeled down and returned God thanks. Then he sent for *Hollowel* to shave him, and began to prepare for his Escape. He prayed at night that he might awake seasonably for his Escape, and he slept some hours that night as sound as ever he did in his life, chearfully and believingly committing this affair to God who had never left him nor forsaken him.

Wednesday, May 31. The Prisoner's birth-day, he awoke early, performed his Devotions, held his chain in his hand still fastened to his leg, and deliberately got out at the Window into the Garden, mounted the Garden-wall with much difficulty, lost one of his slippers, and jumped down into the back-way, just before the clock struck two. He went towards Mile-End, and his left-foot that wanted a slipper was sorely hurt by the gravel-stones, which greatly afflicted him, and obliged him to put the slipper on the left-foot. From thence he went towards White-Chapel, and in his way met with a kind Soldier, who, upon hearing his Case, endeavoured to get him a Coach, but in vain; therefore he and the Soldier walked undiscovered till they came to Aldgate, where the Watchmen perceiving a chain, and suspecting him to be a person broke out of Goal, several Watchmen and the Constable Mr. Wardly followed him to Leadenhall-street, and brought him back to Aldgate watch-house. He acquainted the two Constables Mr. Ward and Mr. Wardly with his Case, which did much affect them. They allowed him some refreshment, and promised to carry him before my Lord Mayor, but sent a Watchman privately to Bethnal-Green, to know the certainty of the Account; upon which Davis and two more of their bull-dogs came to the Watch-house with handcuffs to carry back the Prisoner; but the Constable perceiving his meek and sedate Conversation, would not allow it, but desired Wright their master to come before my Lord Mayor, at Grocers Hall, about 11 o'clock, where he would see his Prisoner . . .

The Prisoner went to Grocers-hall about eleven o'clock, with his chains on, for he would not have them taken off till the Lord Mayor should see them . . . The Constable told his Lordship the situation of the Prisoner when he seiz'd him; and the Prisoner gave his Lordship a just and full account of his illegal and barbarous Imprisonment.

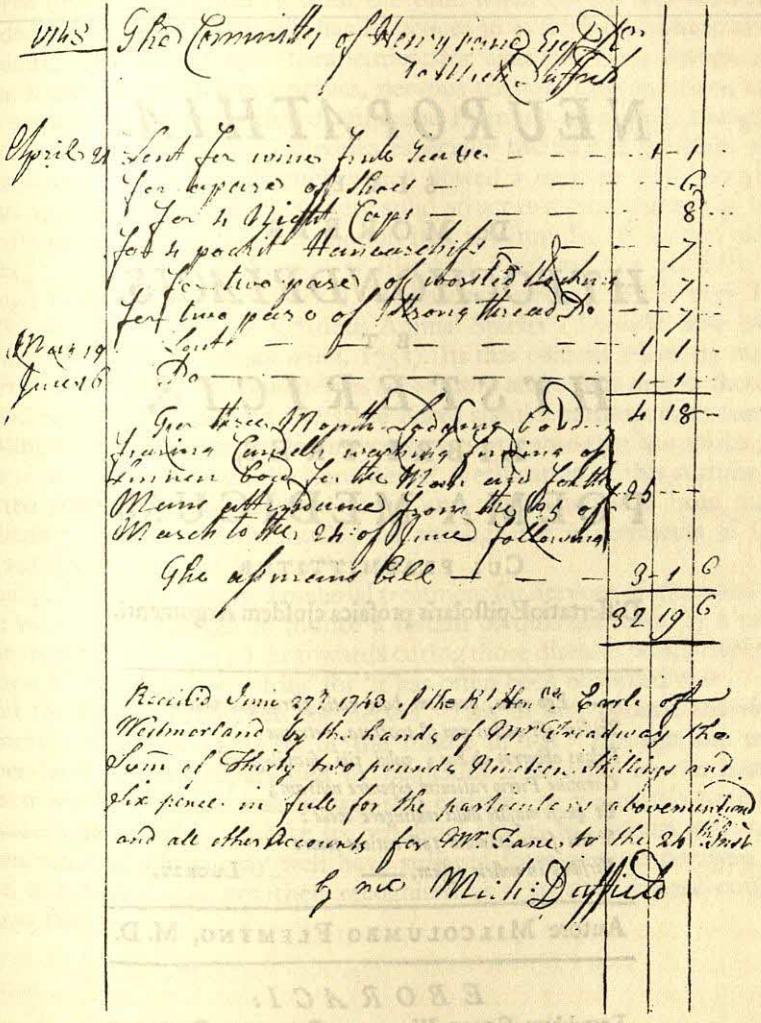


FIG. 68 Account for a quarter's charges in Duffield's Madhouse, Chelsea, 1743 (*Bodleian Library* MS. D. D. Dashwood, c. 11) where Cruden was confined in 1753 as he described in part 1 of *The adventures of Alexander the Corrector. Wherein is given an account of his being unjustly sent to Chelsea, and of his bad usage during the time of his Chelsea-Campaign . . . With an account of the Chelsea-Academies, or the private places for the confinement of such as are supposed to be deprived of the exercise of their reason*, 1754 (London, for the author).

MALCOLM FLEMYNG

NEUROPATHIA, 1740

NEUROPATHIA:

SIVE,

De MORBIS.

HYPOCHONDRIACIS,

ET

HYSTERICIS,

LIBRI TRES,

POEMA MEDICUM.

CUI PRAEMITTITUR

Dissertatio Epistolaris prosaica ejusdem Argumenti.

—— Ego nunc, quoniam haec ratio plerumque videtur
Tristior esse quibus non est tractata, retroque
Vulgus abhorret ab hac ; volui tibi suaviloquenti
Carmine Pierio rationem exponere nostram ;
Et quasi musaeo dulci contingere melle :
Si tibi forte animum tali ratione tenere
Versibus in nostris possem. —— LUCRET.

Autore MILCOLUMBO FLEMYNG, M. D.

EBORACI:

Excudebant CÆSAR WARD, et RICARDUS CHANDLER,
Sumptibus Autoris.

MDCCXL.

FIG. 69 Title-page of *Neuropathia: or a medical poem in three books on the hypochondriacal and hysterical diseases*, 1740 (York, for the author) by Malcolm Flemyng (1702-1764), MD Rheims, physician and physiologist of Hull, London and Brigg in Lincolnshire.

This book was unique for a number of reasons. It was the only scientific contribution ever to neurophysiology and pathology written in Latin verse (though Flemyng considerately prefixed a summary 'in Latin prose of the simplest and plainest sort' for those who might find the poetical argument too difficult to follow). Second, hypochondriasis and hysteria were for the first time gathered together under the general title 'Neuropathy' indicating that Flemyng ascribed them to functional disorders of nerves in terms of a literal tension or relaxation of nerve fibres, an old theory from the time when nerves and tendons were regarded as the same which still has its echoes in everyday language as well as psychiatric terminology and therapeutics; for example weak nerves, neurasthenia, highly strung, relaxed nerves, nervous tension, tension states, etc.

To explain the nature of this dysfunction Flemyng discussed at length contemporary neurophysiological theories especially the central problem whether nerves were hollow tubes through which flowed a nervous fluid carrying the 'animal spirits', or whether they were solid structures conducting the impulse by a vibration or excitation. The notion that the impulse 'is carried along the Nerves . . . by the quick Motion of Electrick Fire' had not yet been voiced although only fifteen years later J. Richardson wrote that 'it very happily supplies the Place of the old fictitious Animal Spirits' (*Thoughts upon thinking, or, a new theory of the human mind*, 1755). In this context Flemyng made the important statement 'that some nerves are sensory and others motor, there being no good reason why one and the same nerve should perform both functions; according to our hypothesis it is unnecessary to suppose that the spirits pass in opposite directions through the same nerve'. Verification of this surmise which departed from generally accepted views and which had also been made by Charleton (1680) came only much later through the experiments of Charles Bell (1811) and Francois Magendie (1822).

Finally, Flemyng suggested malarial treatment for nervous diseases and wrote: 'if we were clever enough to induce a tertian or quartan fever by a safe and certain method, we might go far towards curing those diseases which depend on a weakness of the nerves or spirits' for 'it has often been observed that . . . intercurrent fevers . . . strengthen the nerves'. This in fact became the standard treatment for general paralysis of the insane in 1917 through the work of Wagner-Jauregg until superseded by penicillin. Practising on the East coast and near the Fens where malaria was still endemic in Flemyng's time he was of course well placed to observe its beneficial effects in patients with nervous diseases some of whom may well have suffered from general paralysis of the insane, although it was not then recognised as a specific disease entity [see Burrows 1828].

ANONYMOUS

Proposals for redressing some grievances which greatly affect the whole nation, 1740 *London, Johnson* pp. 24-7

While the treatment of insanity as a disease had long been the physician's province, the care and protection of the insane deprived of their liberty in institutions and at the mercy of their keepers, was as it still is a matter of legal, social and humanitarian concern. It is therefore not surprising that the first demands for reform and supervision of private madhouses and later asylums came from outside the profession, as in this tract. The author extended Defoe's proposals of 1728 and suggested the safeguards which eventually became law in 1774: inspection by the College of Physicians in London and a physician and justices of the peace in the country, compulsory notification of patients detained and 'severe Punishment [of madhouse keepers] if they do not use them well'. The mounting pressure over the years of public indignation at abuses expressed in periodicals as for instance *The Gentleman's Magazine* in an article entitled 'A case humbly offered to the Consideration of Parliament' (1763, vol. 33, pp. 25-6) and in tracts such as this finally led to official action and the long list of lunacy laws which still protect the insane and govern their keepers.

PRIVATE MADHOUSES: A PUBLIC GRIEVANCE

Another Grievance, and I think a great one, is, that several are put into Mad-houses, as they are called, without being mad, Wives put their Husbands in them that they may enjoy their Gallants, and live without the Observation and Interruption of their Husbands; and Husbands put their Wives in them, that they may enjoy their Whores, without Disturbance from their Wives; Children put their Parents in them, that they may enjoy their Estates before their time; Relations put their Kindred in them for wicked Purposes, Guardians to cheat their Pupils, Managers those with whom they are entrusted either by Law or Choice, Instances of each of which I have known in my own time, and all this without Redress; I know of a Gentlewoman of substance who lived at Windsor, who was flattered by her roguish Apothecary into the Management of her Fortune, and when he had fixed himself in her Opinion and did all her Business for her, he decoyed her into a Mad-house not far from London on the Bank of the River Thames, where he took care that she was so ill used, that she, after a while, was made really mad in good earnest, and the Apothecary enjoy'd her Fortune, and took care that no Relation or Acquaintance of hers should have access to her, or visit her . . . Several other Instances

I could give if it were necessary, or proper. Therefore I propose that all who are anywise accessary to this barbarous, cruel, unjust Wickedness, whether directly or as Tools to them, and all such as do receive any such unhappy People into their Mad-houses, shall be deprived of their Liberty, and be put to Hard-Labour for double the time that they have kept such in their Houses, and pay a pecuniary Fine to boot, according to the Nature of their Villany, and the Circumstances of it; and that none shall be esteemed mad, or used as such, until their Case be publickly try'd by such Judges as the Legislature shall appoint; and that if they are by them found and determined to be truly mad, that then there shall be publick Notice given to their Relations (if any they have, else they should be the Care of the Publick) to take care of them; which if after a sufficient time allowed them they do not, that then the Judges shall appoint the Place or Places where, as well as the Persons to whose Care they shall be committed, under their Hands and Seals; which Persons shall be obliged under a proper penalty, to give notice to these Judges every Half-year how these unfortunate People do, and this attested by three regular Physicians of the College, if within the Bills of Mortality, or if in the Country by the best Physician in the Neighbourhood and the Minister of the Parish, and a Gentleman of note or a Justice of the Peace, and they may be accordingly continued or discharg'd. And that if any of their Relations be entrusted with the Care of them, they shall also be obliged half-yearly to bring the Accounts of them to these Judges, as I propose others to do above, but with more severe Punishment if they do not use them well, besides their not being any longer trusted with the Care of them since they have abused that Trust, which is worse in them than others, as being their Relations.

EDWARD SYNGE

THE CURE OF MELANCHOLY, 1742

SOBER

THOUGHTS

FOR THE

CURE

OF

MELANCHOLY;

Especially that which is

RELIGIOUS.

Every one ſhall know his own Sore, and his own Grief. 2 Chron. v. 29.
The Spirit of a Man will ſuſtain his Infirmity: But a wounded Spirit who can bear? Prov. xviii. 14.

By the moſt Reverend
Dr. *EDWARD SYNGE*
Late Lord Archbishop of *Tuam* in *Ireland.*

LONDON:
Printed for Thomas Tryp, near *Gray's-Inn Gate Holborn.* MDCCXLII.
(Price *2d.* or *12s.* *per* Hundred.)

FIG. 70 Title-page of *Sober thoughts for the cure of melancholy*, 1742, (first published Dublin 1738), a 28 page tract for popular consumption which sold at 2d a copy 'or 12s. per Hundred'.

The author Edward Synge (1659–1741), Archbishop of Tuam in Ireland and a Privy Councillor, gathered 'Remedies' from his 'own Experience' and what he could learn from 'frequent Conversation with melancholy Persons' by which 'Melancholy . . . may be removed, or asswaged, and prevented from returning'. He defined it as 'a Disposition of the Mind, as renders it sorrowful, dejected, and dissatisfied, and consequently uneasy' and argued as many have done before and since, that if 'upon the strictest Examination of his whole Life' the sufferer 'is able to assign no Reason for it' his '*Melancholy*' arises 'from an Indisposition of Body'. However he added that 'Often, when the Body is not thus indisposed, yet great *Melancholy* seizes Men, arising from some Apprehensions that have taken Possession of the Mind'. Today this distinction that if a patient does not know 'upon the strictest Examination' why he is depressed the cause must lie in his body and not in his mind, persists in the differentiation of depression into reactive and endogenous. It must however be remembered that unconscious factors operate without the patient being aware of them, and that only with the aid of free association may psychological factors be discovered of which he can give no account in the routine question and answer type of interview.

CROMWELL MORTIMER (1698–1752)

MD Leyden & Cantab., FRCP, Fellow and Secretary of the Royal Society

An address to the publick: containing narratives of the effects of certain chemical remedies in most diseases, 1745 *London, Davis* pp. 104, xviii, 28-9

'Certain chemical remedies' was a eulogism for Mortimer's secret nostrum – an evacuant – with which he claimed he had successfully treated the cases collected in this book and which could be obtained by joining his 'panel'. This must have been one of the earliest schemes for a comprehensive medical service in return for an annual capitation fee. Other motives notwithstanding, his aim was to make early treatment possible so that patients 'might often be cured without Bleeding, Blistering, and the Quantities of Medicines usually given; nay, that most acute Diseases, if taken in the Beginning, might frequently be carried off by single Doses of certain Specificks'. His service extended to psychiatric conditions: 'The remedy I have made use of in Disorders of the Head . . . has had very good Success in many Cases, especially where the Stomach has been affected likewise; for these we know have a great Sympathy. The two Cases of Madness . . . are remarkable'.

PANEL PRACTICE: EARLY TREATMENT

Several Persons of Fortune, who have the Generosity and Humanity to take Care of their Servants when Sick, being often at great Expences on that Account; and many small Families, or single Persons, finding themselves, upon any Illness, put to great Charges; I offer to agree with single Persons, or Families, for a certain Salary by the Year, computing at about *One Guinea* for each Person; for which Salary I propose to give them my Advice, and Attendance when necessary, and to make them a Present of the proper Medicines: But if other Physicians are called in to consult with me, I shall expect to be fee'd in the same Manner, as the other Physicians are, over and above the yearly Salary agreed on . . . An Half-Guinea or a Guinea for every other Visit, as the Patient can afford . . . I except all Venereal Cases from this Agreement . . . and all Visits required in the Night; in both which Circumstances, I expect to be fee'd for my Visits: Nor will I visit Any Body in the Night-time, except an Annual Patient or a most intimate Friend, on very extraordinary Occasions . . . By means of such an Agreement, People may be induced to ask Advice as soon as they feel any Disorder, and not be for deferring to see, what a Day or two will produce, as too many do, being deterred by the Expence

attending the common Way; and, I believe, they will soon find how much easier all Complaints may be removed, if taken at the Beginning, than when suffered to increase by Delays.

The Case of Mr. Martin, at Nurse Wood's, in Tyburn-Road, near Soho-Square. A Mania or Madness cured by three Doses. This Gentleman had lived well; but, thro' Misfortunes, coming to Decay, Grief had brought on Epileptic Fits for some Years past: At length, being seized with a Mania, he was carried to this Nurse's, till his Friends could get him into Bethlem (Bedlam). April, 1742, a Relation of his Wife's desired me to visit him. I found him chained down in his Bed Hands and Feet, quite furious, not knowing any body. I gave him four Pills, which vomited and purged him several times; upon which he was much better. The next Day but one, I saw him sitting up in his Bed, calm, and with his Hands at Liberty. I repeated the Pills, which operated as before: In a few Hours he came quite to his Senses; knew People; and was unfetter'd. Four Days after, he took a third Dose of the Pills, was quite well, and remained so for near two Months; when, as I was informed, upon catching Cold, he was seized with a Quinsey, and died in a few Days; but I was not sent for.
This is a true Account of the speedy Cure of this Patient, upon his taking the above-mention'd Medicines, he being all the while under my Care.

Melancholy and Vapours carried off by one Dose. Mrs. —, being about 33 Years of Age, of a sanguine plethoric Habit, regular as to her Menses, but was subject to be very costive. She had had no Child for six Years; had been troubled with Vapours, Melancholy, and Lowness of Spirit, for some time; was now fallen into some Degrees of Despair; had taken several Things by the Direction of her Apothecary; but, finding no Relief, her Husband applied to me. I gave her a Dose of a certain Medicine, which vomited her strongly, and gave her Tremblings to her very Fingers Ends, afterwards flinging her into a Sweat. She grew better daily; and has been in perfect Health, brisk and lively, ever since. Soon after this she proved with Child, and went well thro' her Time.

A

TREATISE

ON

PHRENSY:

WHEREIN THE

CAUSE of that DISORDER,

As aſſigned by the

GALENISTS,

IS REFUTED;

And their Method of Curing the *Phrenſy*, with their various Preſcriptions at large, are exploded.

The true Cauſe ſet in a clear Light, according to *Hippocrates*, and the moſt Eminent amongſt the MODERN PHYSICIANS; together with the Preſcriptions that effectually cure that Malady.

Tranſlated from the Latin *of* P. FRINGS, *M. D. and ſome Time Phyſician to Don* FRANCISCO, *late Infant of* PORTUGAL.

LONDON:

Printed by T. GARDNER, and Sold at his Printing-Office, at *Cowley's Head*, oppoſite *St. Clement's* Church in the *Strand*.

M,DCC,XLVI.

[Price One Shilling.]

FIG. 71 Title-page of P. Frings' *Treatise on phrensy*, 1746 or delirium due to 'Inflammation of the Brain and its Membranes'.

Unfortunately nothing is discoverable of the author nor can 'Don Francisco, late Infant of Portugal' to whom he claimed to be physician be traced, nor does there seem to have been a Latin version from which the book was stated to be a translation so that the suspicion remains that he was a native hiding behind a pseudonym. He wrote against 'The Method of curing Phrensies . . . practised by the *Galenists*', especially against large scale bleeding and purging, and instead advocated the old Hippocratic principles of 'a well-governed Diet . . . Air . . . Rest . . . Sleep'. The book was dedicated as a 'well meant Address from a Foreigner' to Dr James Monro of Bethlem Hospital (where bleeding and purging were the order of the day) 'to contribute towards making your daily Fatigues, less troublesome to you'.

ANONYMOUS

The case of Henry Roberts, Esq; a gentleman, who, by unparalleled cruelty was deprived of his estate, under the pretence of idiocy, 1747 *London, [no publisher]* (pp. 47) pp. 3-7, 9-12, 22-3, 13

The case of Henry Roberts illustrates how persons of property were tried by jury when doubt arose whether they were capable of managing their affairs, whether owing to lunacy or as here idiocy. The pamphlet was obviously written by an observer biased against the proceedings but the account is nevertheless factual and informative, and among others shows the type of question put to patients to assess their intelligence before standardised intelligence tests were developed at the close of the nineteenth century. In contemporary law an idiot or natural fool was assessed by such incapacities as not being able to count to twenty, measure a yard of cloth, name the days of the week, give his parents' name or his own age, beget a child, or learn to read. Among the physicians involved were Richard Mead; James Monro (1680–1752), MD Oxon, FRCP, representative of the first of five generations of Monros all of whom specialised in insanity, and three followed him as physicians to Bethlem Hospital; and Frank Nicholls (1699–1778), MD Oxon, FRCP, FRS, physician to George II, and anatomist, the theme of whose Lumleian Lecture, 1748 (published as *De anima medica*, 1750) was the triumph of mind over matter.

COMMISSION OF IDIOCY

The unfortunate Mr. Roberts . . . was born in 1717 . . . the father, died 1718, leaving the said Henry Roberts his Son, and one Daughter . . . (1733) Lord Talbot, the then Chancellor of Great Britain, upon Report made that Mr. Roberts's Constitution was too infirm to bear a School-Exercise, committed his Person and Education to the Care of his Brother-in-law, who is universally allowed to have discharged that Trust with the greatest Integrity and Exactness, without the least Imputation, or even Suggestion, to the contrary, when through the least Neglect of Mr. Roberts's Health, a very large Estate must have devolved to his Sister.

(1739) Mr. Roberts being of age, called his Trustees to account for the mesne Profits of the Estate during his Minority, which they evaded by suggesting Casualties that affected it during that Interval, such as the Failure of Bankers, Losses at Sea, and the Differences of Exchange betwixt London and Barbadoes; all which amounting to very large Sums, they charged to his Account.

(1740) Whereupon he prayed the Lord Chancellor by Bill, to be relieved

against the said Evasion, but his Prosecutors artfully endeavoured to obviate his Measures, by threatning him with a Commission of Idiocy, &c. as appears by Affidavits filed to that purpose; however, he entered his Cause for a Hearing in Easter Term 1743, which being intimated to his Trustees, they applied to the Lord Chancellor for a Commission of Lunacy, which they obtained upon a Suggestion of Mr. Roberts's Incapacity to manage his Affairs . . .

(1743) The Inquisitors having met on Monday the 26th of August, Mr. Chairman opened the Court with a long and elaborate Speech to the Jury, purporting, 'That, Indeed the Laws of England confined their Inquiry to Idiocy or Lunacy, but that now, for wise and good Purposes, it was thought fit to extend the Laws, and that they were to enquire, whether Mr. Roberts's Understanding was Adequate to his Fortune, and if he could be imposed upon in the Management thereof, adding, that a Man may have Sense enough to manage 300 *l.* per An. tho' not 3000, and that the Jury were at Liberty by all Methods to try the Extent of his Capacity; besides, without taking Notice of Lunacy or Idiocy, they might find him of unsound Mind, which being a Term of great Latitude, would save their Consciences as to the Oath, and the Court would construe that Defect to be Lunacy: and they might conclude at Will'.

(30. August) The Court sat at 9 o'Clock in the Morning, where the unfortunate Mr. Roberts appeared, and stood a hard Trial of many scoffing Questions put to him by the Commissioners and Jury, relating to his Estate, and thereupon taking out his Pocket-Book in order to help his Memory, Mr. Garret the head Commissioner, spoke to him in a deriding surly Tone, saying, Sir, That Book is of great use, &c. The Prosecutors followed his Example, by making use of the Word Fool, and other injurious Expressions. He was surrounded by Attorneys Clerks, who in his hearing bawled out, he won't speak for himself, he cannot answer. In this deplorable Situation he was obliged to sit six Hours, tho' he often complained of being sick, but the Commissioners resolved his Complaint into Artifice, and left the Decision of such their Judgments to the Jury . . .

The Commission was closed on the Saturday following, and the Jury returned Mr. Roberts to be a Person of unsound Mind, and that he had not enjoyed a lucid Interval of Reason for 12 Years past . . . A new Trial being granted: The prosecutors again applied to the Lord Chancellor for a Commission extraordinary to visit and inspect Mr. Roberts during the Interval, from June 1744, to the 27th of October following, the Day appointed for the Trial . . .

On the 27th of October, Mr. Roberts was brought to his Trial in Westminster Hall, where Witnesses of low degree were call'd and examined, who swore they had seen him shoot with Bow and Arrow, and that when he was about 13 Years old, they had seen him blow Feathers; others swore they had seen him toss up his Hat, and catch it with his Hands, and that he used to kick about Pebble-stones. Others, that when he was on Horse-

back, he could not open a Gate. One Fellow swore that Mr. Roberts could not write his Name, but that he must be directed Letter by Letter, but he offered to convince the Court that he could even write Letters of Business without being dictated to . . . Mr. Polluxfen swore, that being Sheriff at Mr. Roberts's Trial at Exeter, he examined him with the Jury, and then asked him where the Soul went when separated from the Body, and that he could not tell him, whereupon he thought him a Fool. Several Gentlemen who were upon Mr. Roberts's former Jury, and had then asked him who was Adam's Father and Eve's Mother, swore they thought him a very weak silly young man . . . At 7 o'Clock . . . upon . . . the Jury calling out for a private Examination . . . the Chief Justice got up, and desired him to go out with the Jury . . . Upon which the Jury confirmed the first Verdict, which stands thus, 'That Henry Roberts, Esq; is a Person of unsound Mind, and hath not enjoyed a lucid Interval for 12 Years past' . . .

The Day following the Trial, Mr. Roberts waited upon Dr. Mead, Dr. Monroe, Dr. Nichols and other Gentlemen, who said to him, 'Sir, when you was taken out of the Court of King's-bench, and was in private with the Jurymen, what Questions did they ask you? How did they use you? To this Mr. Roberts replyed, 'They came around me and asked their Questions together, without giving me Time to answer. They asked me what a Lamb, and what a Calf was called at one, two and three Years old. They gave me a Sum of Money to tell, which I miscounted; and then I heard them say, he is not capable of managing his Affairs, we will return him Incapable' . . .

Mr. Swinburn said to Mr. Roberts . . . From Doncaster, Sir, to Ferry-Bridge was ten Miles, but now there are fifteen Mile-Posts set up, is it not further now than before? . . . Pray, take three Shillings out of a Guinea, how much change must you have?

Mr. Geo. Newport. Pray, how many Pots of Sugar did your Plantation in Barbadoes yield you last Year? Mr. Roberts. I have forgot. I cannot tell. Mr. Newport, Pray how many Pots of Sugar go to fill a Hogshead? Mr. Roberts. I can't tell. Mr. Newport. Is this man capable of managing his Affairs? It's plain he may be imposed upon, and my L—d Ch—lor said if a Man could be imposed upon, he was an Object of the Care of the Court of Chancery . . . Dr. Lynch, Dean of Canterbury . . . got the Custody of his Person, with an Allowance of 400 Pound a Year, and thirty Pounds for Cloaths.

RICHARD BROCKLESBY (1722–1797)

MD Leyden, Dublin & Cantab., FRCP, physician of London, to the Army and to Dr Samuel Johnson

Reflections on antient and modern musick, with the application to the cure of diseases, 1749 *London, Cooper* pp. 1-2, 62-5, 36-7

Music is not only the food of love but of many passions and 'the first remedy employed, so far as we are aware, for the relief of madness' (D. H. Tuke in *A manual of psychological medicine*, 1858, with J. C. Bucknill). Accordingly, the medical and especially psychiatric literature contains many observations on its physical and psychological effects. 'The Poets did well to conjoine Musicke and Medicine in Apollo, because the Office of Medicine, is but to tune this curious Harpe of mans bodie, and to reduce it to Harmonie' wrote Bacon (1605). The first English book on the medicinal use of music *A mechanical essay on singing, musick and dancing . . . demonstrating . . . the alterations they produce in a human body*, 1727 (second edition entitled *Medicina musica*, 1729) was by Richard Browne, an obscure apothecary of Oakham, Rutland. The first scholarly treatise was Brocklesby's who traced the influence of music on body and mind and its therapeutic uses on many examples from ancient to 'modern' times under chapter headings such as: 'Showing the origin of musick and how it affects the mind'; 'Of the operation of musick on the bodily organs'; 'Of the power of musick in disorders of the mind'; 'Concerning musick in the cure of diseases, compounded of affections of the body and mind'.

When at the end of the eighteenth century moral management was developed in establishments for the insane music as a form of diversion soon found a place. Pargeter (1792) for instance, one of the first of this 'modern' era, gave much thought to the subject: 'If those who have the direction of *music* in maniacal disorders, happen to understand the *theory* of that science, there will be a greater probability of success, than if it be introduced injudiciously . . . A considerable share of knowledge in music, then, will be requisite, to select those compositions and instruments, and that arrangement of the instrumental parts, as may, with an exact correspondence with the *pathos animi*, attract and fascinate the attention, and influence the temper of the animal spirits'. J. M. Cox (1804) discussing 'the power of harmony over some human constitutions' described a patient in his madhouse who was accidentally cured in this way: 'In a military maniac, I once witnessed the notes of a shrill fife managed with some address first awaken attention, then occasion interest, as was obvious by his animated looks and beating time; and at length, by varying the air according to the effects, produce the most pleasing sensations, as he afterwards informed me, brought back some very impressive recollections, excited entire new trains of thought, and seemed to correct the errors of intellect: though he had not left his

bed for weeks, nor spoken a single word during that time, and been supported entirely by force, he now arose, dressed himself, and without any other remedy but gentle tonics, returned to his former habits of neatness and rationality; advancing gradually to perfect recovery'. P. S. Knight (1827) recommended music 'to tranquillise the insane, and induce . . . cheerfulness'. As early as 1823 he employed a 'fiddler' to play to patients in the exercise yard of the Lancashire County Asylum with the result that 'the most part of them were more lively and more cheerful than usual – very much more so'. This was the first recorded observation of the effect of music on a group of patients in an English asylum. In 1833 Sir Henry Halford related how he had himself witnessed the power of music 'to mitigate the sadness of seclusion' in George III during his last attack of insanity (*On the treatment of insanity, particularly the moral treatment*, 1833, appended to *Essays and Orations*, 1831). In the middle of the nineteenth century music was widely used in asylums in concerts, dances, singing and instrument classes, but gradually fell into disuse. The modern attitude is best summed up in Esquirol's (1816) words: 'I have often employed music, but have rarely been successful with it. It brings peace and composure of mind, but does not cure. I have seen those whom music rendered furious; one, because all the tones appeared false; another, because he thought it dreadful that people should amuse themselves near a wretch like him . . . However, it is a valuable remedial agent, particularly in convalescence. It ought not to be neglected, however indeterminate may be the principle of its application, or uncertain its efficacy' (*Insanity*, in *Mental maladies*, translated by E. K. Hunt, Philadelphia, 1845, p. 80).

MUSIC IN AFFECTIONS OF THE MIND

The records of early ages so far assert the influence of musick, that admitting those accounts one might reasonably conclude they had the preeminence over us in this science. But though that in fact were true, examples are not wanting in modern history of its surprising effects on the human frame, which receive every day new proofs from repeated experiments. Whether a further and more frequent application of it to the cure, or mitigation of such distempers, as have hitherto too frequently eluded the ordinary powers of medicine, might not probably be attended with some desirable effects, I purpose to discuss briefly in the ensuing pages . . .

From the instances already mentioned of the power of musick on diseases of the body, as well as in raising or composing particular affections of the mind, and from a consideration that madness is usually attended with violent excesses or defects of some of the natural passions, if not immediately caused by them; it is here submitted to the judgment of the philosophical physician, how far the power of musick, judiciously exerted, may be of service in maniacal cases. I own the presumption of it's success, in several of this kind, first induced me to treat professedly on the subject, when I called to mind the few, and too frequently fruitless attempts of physicians, to restore such miserable wretches, as are once unhappily confined to a mad-house; for in this affecting scene of human misery, modern

practice allows of little more than of general evacuations first, afterwards nervous medicines and cold bathing. But the slender success of these remedies demonstrate their insufficiency, and therefore calls on the friends to society, to revive that antient practice, which was attended with such surprising and salutary effects. And indeed the condition of maniacs in the worst state of their disorder, requires something more than is commonly practised . . .

Now if it were found practicable in some cases to sooth the turbulent affections, and appease the disorderly rovings of fancy, and as it were to re-establish the former union of the body and mind, by the powers of musick, in that interval of time, proper medicines might be administred to better purpose . . . That musick is effective in most people, and more particularly in some few (from a peculiar conformation, the force of custom, &c.) of very remarkable alterations seems evident, from its being a kind of universal incentive to motion or rest. And if we duly attend to the operation of medicines, we shall find their effects, and evacuations, to depend almost entirely on the motions, they appease or excite . . . But in musick, providence seems to have favoured us with a much more agreeable application to the intelligent principle itself, and a most delicious cordial against the inquietudes and defects, which its imprisonment in the body has subjected it to. Besides which, as it solaces the mind, and sooths the passions, it has a considerable tendency to maintain that blisful union, which gives the sole relish of every enjoyment, the *Mens sana in corpore sano*.

The power of musick . . . may be illustrated by the following relation of Mr. Stanley, a gentleman deservedly eminent in his profession. A child not two years old, born of musical parents, was one day remarkable for mirth and good humour, upon hearing some sprightly airs of musick, this gave occasion to the father and Mr. Stanley to try the effects of different measures; when they had rais'd the infant's spirits very high by this means. But as the chromatick and graver strains began, the child grew melancholy and sad, which temper was remov'd as soon as pleasanter music was play'd. Thus, as I am inform'd, they could solely by this art raise, and allay joy and grief, by turns, in the infant's mind.

DAVID HARTLEY (1705–1757)

MA Cantab., FRS, philosopher and physician of Newark, Bury St Edmunds, London and Bath

Observations on man, his frame, his duty, and his expectations, 1749 *London, Leake & Frederick* Part 1, pp. 6, 390–1, 395–7, 400–3

Hartley attempted a psycho-physical theory of mental function and behaviour patterns which combined Locke's association of ideas with Newton's suggestion that like light the nervous impulse was conducted by vibrations in a corpuscular æther or fluid. Translated into modern terms he envisaged associated ideas formed engrams by establishing neuronal circuits in the brain implying that normal and abnormal mental processes shared the same psycho-physical mechanisms.

His statement that 'mad persons . . . lose . . . that Consciousness . . . by which we connect ourselves with ourselves' indicates that he placed the primary disturbance in the patient's altered relation to himself rather than in social stresses as is commonly done. A similar trend of thought led Kraepelin (1903) to the concept of 'loss of inner unity', Stransky (1903) to that of 'intrapsychic ataxia' and finally Bleuler (1911) to his 'split mind' or schizophrenia.

Hartley also described hypnagogic phenomena, noted the predominance of visual hallucinations in the delirium of organic disease, and 'as frequent Recurrency of the same Ideas' outlined obsessional states. His supposition that 'feeble Associations' by 'perpetual Recurrency' may be converted into strong ones anticipated conditioning and the neuro-physiological concept of facilitation; and in therapeutics led to treatments designed to disrupt or break up faulty associations even to the extent of cutting fibre tracts in the brain. The 'greatly wanted' book on madness by a physician 'conversant with this Distemper' appeared in 1758 from the pen of William Battie. Hartley's own practice – as his son recorded – 'afforded frequent opportunities to him of exercising mental charities to afflicted minds, whilst he employed the powers of medical science to the restoration of bodily health'.

A PSYCHO-PHYSICAL THEORY OF ALIENATION

The Doctrine of Vibrations may appear at first Sight to have no Connexion with that of Association; however, if these Doctrines be found in fact to contain the Laws of the Bodily and Mental Powers respectively, they must be related to each other, since the Body and Mind are. One may expect, that Vibrations should infer Association as their Effect, and Association point to Vibrations as its Cause. I will endeavour . . . to trace out this mutual Relation.

Mad Persons differ from others in that they judge wrong of past or future Facts of a common Nature; that their Affections and Actions are violent and different from, or even opposite to, those of others upon the like Occasions, and such as are contrary to their true Happiness; that their Memory is fallacious, and their Discourse incoherent; and that they lose, in great measure, that Consciousness which accompanies our Thoughts and Actions, and by which we connect ourselves with ourselves from time to time. These circumstances are variously combined in the various Kinds and Degrees of Madness; and some of them take place in Persons of sound Minds, in certain Degrees, and for certain Spaces of Time; so that here, as in other Cases, it is impossible to fix precise Limits, and to determine where Soundness of Mind ends, and Madness begins. I will make some short Remarks, deduced from the Theory of these Papers, upon the following States of Mind, which all bear some Relation to one another, and all differ from the Perfection of Reasoning natural to Adults, according to the ordinary Course of Things; viz. 1. The Erroneousness of the Judgment in Children and Idiots. 2. The Dotage of old Persons. 3. Drunkenness. 4. The Deliriums attending acute or other Distempers. 5. The frequent Recurrency of the same Ideas in a Course of Study, or otherwise. 6. Violent Passions. 7. Melancholy. 8. Madness.

Of Deliriums

In these a disagreeable State is introduced into the nervous System by the bodily Disorder, which checks the Rise of pleasant Associations, and gives Force and Quickness to disgustful ones; and which consequently would of itself alone, if sufficient in Degree, vitiate and distort all the Reasonings of the sick Person. But, besides this, it seems, that, in the Deliriums attending Distempers, a vivid Train of visible Images forces itself upon the Patient's Eye; and that either from a Disorder in the Nerves and Blood-vessels of the Eye itself, or from one in the Brain, or one in the alimentary Duct, or, which is most probable, from a Concurrence of all these. It seems also, that the wild Discourse of delirious Persons is accommodated to this Train in some imperfect manner; and that it becomes so wild, partly from the Incoherence of the Parts of this Train, partly from its not expressing even this incoherent Train adequately, but deviating into such Phrases as the Vibrations excited by the Distemper in the Parts of the Brain corresponding to the auditory Nerves, or in Parts still more internal, and consequently the Seats of Ideas purely intellectual, produce by their associated Influence over the Organs of Speech.

That delirious Persons have such Trains forced upon the Eye from internal Causes, appears probable from hence, that when they first begin to be delirious, and talk wildly, it is generally at such times only as they are in the Dark, so as to have all visible Objects exlcuded; for, upon bringing a Candle to them, and presenting common Objects, they recover themselves, and talk rationally, till the Candle be removed again. For

hence we may conclude, that the real Objects overpower the visible Train from internal Causes, while the Delirium is in its Infancy; and that the Patient relapses, as soon as he is shut up in the Dark, because the visible Train from internal Causes overpowers that which would rise up, was the Person's nervous System in a natural State, according to the usual Course of Association, and the recurrent Recollection of the Place and Circumstances in which he is situated. By degrees the visible Train, from internal Causes, grows so vivid, by the Increase of the Distemper, as even to overpower the Impressions from real Objects, at least frequently, and in a great degree, and so as to intermix itself with them, and to make an Inconsistency in the Words and Actions; and thus the Patient becomes quite delirious.

Persons inclining to be delirious in Distempers are most apt to be so in going to Sleep, and in waking from Sleep; in which Circumstances the visible Trains are more vivid, than when we are quite awake, as has been observed above.

Of the frequent Recurrency of the same Ideas

When a Person applies himself to any particular Study, so as to fix his Attention deeply on the Ideas and Terms belonging to it, and to be very little conversant in those of other Branches of Knowledge, it is commonly observed, that he becomes narrow-minded, strongly persuaded of the Truth and Value of many Things in his own particular Study, which others think doubtful or false, or of little Importance, and after some time subject to low Spirits, and the Hypochondriacal Distemper. Now all this follows from Observations already made. The perpetual Recurrency of particular Ideas and Terms makes the Vibrations belonging thereto become more than ordinarily vivid, converts feeble Associations into strong ones, and enhances the secondary Ideas of Dignity and Esteem, which adhere to them, at the same time that all these things are diminished in respect of other Ideas and Terms, that are kept out of View; and which, if they were to recur in due Proportion, would oppose and correct many Associations in the particular Study, which are made not according to the Reality of Things, and keep down our exorbitant Opinions of its Importance. The same perpetual Recurrency of Vibrations, affecting one and the same Part of the Brain, in nearly one and the same manner, must irritate it at last, so as to enter the Limits of Pain, and approach to the States peculiar to Fear, Anxiety, Despondency, Peevishness, Jealousy, and the rest of the Tribe of Hypochondriacal Passions.

Of Madness

The Causes of Madness are of two Kinds, bodily and mental. That which arises from bodily Causes is nearly related to Drunkenness, and to the Deliriums attending Distempers. That from mental Causes is of the same Kind with temporary Alienations of the Mind during violent Passions,

and with the Prejudices and Opinionativeness, which much Application to one Set of Ideas only occasions.

We may thus distinguish the Causes for the more easy Conception and Analysis of the Subject; but, in fact, they are both united for the most part. The bodily Cause lays hold of that Passion or Affection, which is most disproportionate; and the mental Cause, when that is primary, generally waits till some bodily Distemper gives it full Scope to exert itself. Agreeably to this, the Prevention and Cure of all Kinds of Madness require an Attention both to the Body and Mind; which coincides in a particular manner with the general Doctrine of these Papers. . . suppose a Person, whose nervous System is disordered, to turn his Thoughts accidentally to some barely possible Good or Evil. If the nervous Disorder falls in with this, it increases the Vibrations belonging to its Idea so much, as to give it a Reality, a Connexion with *Self*. For we distinguish the Recollection and Anticipation of things relating to ourselves, from those of things relating to other Persons, chiefly by the Difference of Strength in the Vibrations, and in their Coalescences with each other. When one false Position of this Kind is admitted, it begets more of course, the same bodily and mental Causes also continuing; but then this Process stops after a certain Number of false Positions are adopted from their mutual Inconsistency (unless the whole nervous System be deranged); and it is often confined to a certain Kind, as the irascible, the terrifying, &c . . . If an opposite State of Body and Mind can be introduced early, before the unnatural Associations are too much cemented, the Madness is cured; if otherwise, it will remain, tho' the bodily and mental Cause should be at last removed . . .

An accurate History of the several Kinds of Madness from those Physicians, who are much conversant with this Distemper, is greatly wanted, and it would probably receive considerable Light from this Theory.

LEWIS SOUTHCOMB

PEACE OF MIND AND HEALTH OF BODY, 1750

Peace of Mind and Health of Body united:

OR, A

DISCOURSE,

Shewing the Diſtinction between

A wounded Conſcience, convicted by a *Senſe of Sin*,

AND

A wounded Spirit, proceeding from a *diſordered Body*;

PROVING,

That the *latter* is *more grievous* than the *former*, and comes not under the Denomination of *Conſcience*, but of *Diſeaſe*, to which all Mankind are liable; and that, in either Caſe, the miſerably afflicted are neither *mad*, nor *out of their Senſes*; but only that their *animal Spirits* are either *elated*, *confuſed*, and *hurried*, or otherwiſe *oppreſſed* and *dejected*.

SHEWING,

That all *Severities* and *Confinement* are *prejudicial*; as are all Endeavours that give Pain, or ſink the Spirits;

AND THAT,

In the *former Caſe*, nothing can relieve them but *Divines*; and, in the *latter*, nothing but the judicious *Phyſician*, and *Apothecaries* that will be true both to *Phyſician* and *Patient*.

IN A

LETTER to a CLERGYMAN.

By an HONOURER of the FACULTY.

A wounded Spirit who can bear? Prov. xviii. 14.
Why art thou ſo vexed, O my Soul, and why art thou ſo diſquieted within me? Pſal. xlii. 14. *Put thy Truſt in God*, ver. 15.
The Lord hath created Medicines out of the Earth, and he that is wiſe will not abhor them, Eccluſ. xxxviii. 4.

LONDON:
Printed for M. COOPER, at the *Globe*, in *Pater-noſter-row*.
M.DCC.L.

FIG. 72 Title-page of *Peace of mind and health of body united*, 1750 by Lewis Southcomb (1684–1754), rector of Rose Ashe, Devonshire.

This was the only book on 'the *Hypochondriacal*, or *Hysterical Passion* . . . *Melancholy* . . . and *Madness*' by a country clergyman who had 'study'd Physick in *London*' and combined the cure of souls with that of bodies. Like those other 'clerical mad-doctors' John Ashborne and Francis Willis senior before and after him, Southcomb specialised in 'nervous Diseases' because he considered it 'the greatest of all Charities . . . to have some Insight in [this] . . . deplorable Case'. Although he gave only a brief sketch of his own treatment he inveighed against 'all those Means which tend to the giving of Pain and Uneasiness . . . such as *Blisters*, *Seatons*, *Cupping*, *Scarifying*, and all other Punishments of the like kind'. Such 'tormenting Means' had sometimes 'rendered a very *curable* Disease, either incurable, or been the Occasion of protracting the Cure longer than otherwise the Nature of the Case would have required'. Experiences like these marked the beginnings of a move away from 'Medicines of the most violent Operation . . . to bring down the Spirit of these Stubborn Persons' recommended by physicians like Robinson (1729), in favour of a kindlier, expectant attitude to the insane which characterised psychiatric practice in the following century. Like Cheyne (1733) Southcomb found that because he was known for his 'cure of Madness' rather than his other medical skills, 'many have been afraid to advise with me, lest they should be deemed mad; and others have used all possible Means of Privacy, least a Disgrace should be brought upon them . . . But this proceeds entirely from want of knowing better, and is easily answered, by asking, *Why one Distemper should not invade us as well as another*? And, if it be no Disgrace to be afflicted with one Disease, why should it be so to be afflicted with another?' Even today such prejudice survives and many a public plea for new attitudes and better psychiatric services starts almost apologetically with putting mental illness on a par with bodily illness in much the same way as Southcomb did.

RICHARD MEAD (1673–1754)

MD Padua & Oxon, FRCP Lond. & Edin., FRS, physician to St Thomas's Hospital, London, and to George II

Medical precepts and cautions . . . Translated from the Latin, under the author's inspection, by Thomas Stack, M.D., F.R.S., 1751 *London, Brindley* pp. 77-9, 88-91, 79-84

First published in Latin, London 1751

Mead was one of the great physicians who paid considerable attention to mental illness and made a number of interesting observations. He noted for instance that joyous as well as depressing events could upset mental balance quoting the experiences made during the South Sea Bubble by Richard Hale, MD Oxon, FRCP, physician to Bethlem Hospital 1707–28 (incidentally it was said of Hale by James Monro, his successor at Bethlem Hospital, that he was the first who applied himself 'not so much to restraining the raging fury of maniacs with locks and chains as by calming them with appropriate medicaments and removing all hurtful influences from their minds' [translated from *Oratio Harveiana*, 1737]). Mead also reflected on classification and doubted whether mania and melancholia were essentially different; and he gave a psychological explanation why the insane often seemed insensitive to hardships even pain, contrary to the traditional view according to which it was part of the pathological process of insanity to diminish sensibility and increase strength – a belief which then and long after was made the excuse for subjecting them to hunger, cold and chains.

However, Mead's greatest influence on psychiatry was his theory that insanity was incompatible with other major disease because the body had not the power to sustain the two simultaneously, which he derived from observation of two cases, the second of which is quoted here. The patient was in the last stages of tuberculosis and became delirious whereupon her physical condition improved. Unhappily when her mind became clear again she relapsed and died. This transitory symtomatic improvement may have been due to restriction of chest movement by the strait-waistcoat into which excited patients were then almost automatically clapped, an effect to some extent comparable with that produced by modern collapse therapies of the lungs. Whatever the explanation, his conclusion that insanity 'dispossessed' the body of tuberculosis and *vice versa* was accepted for more than a century as evidence of an incompatibility between the two by 'almost all writers on insanity, from Mead downwards' (Sir Thomas S. Clouston, *Clinical Lectures on Mental Diseases* in *Journal of Mental Science*, 1863, vol. 9). Burrows (1828) for instance observed 'an interchangeable relation between lunacy and phthisis pulmonalis; the latter being

cured by the accession of the former'. When statistical investigations into causes of deaths in asylums later showed that tuberculosis was on the contrary common in the insane, there was forthwith formulated a new theory to fill the vacuum and fulfil the intellectual need for an explanation. The old theory of incompatibility was dropped only to be replaced by one diametrically opposed but equally faulty, namely that insanity and tuberculosis shared a common diathesis so that a person prone to one was also prone to the other. It remained for Koch's (1882) discovery of the tubercle bacillus and the realisation that overcrowding and poor hygienic conditions in asylums favoured infection, to put a stop to speculation on any biological link, positive or negative, between the two.

In practice the concept of incompatibility of diseases gave a new lease of life to irritating, counter-irritating and lowering treatments for the insane all of which aimed at making them ill, if only temporarily. Uwins (1833) called this 'the principle and practice of setting up disorder in one part, for the purpose of knocking it down in another'. Ferriar (1795) devoted a whole eighty-page section to 'the conversion of diseases' both natural and remedial which was given its clearest expression by Cox (1804) who advocated 'a variety of means' of introducing 'some new diseases into the system of maniacs'. It was unfortunate that this line of therapeutic thought gained support from the earlier and correct observation that intercurrent febrile illnesses in the insane could produce a lucid interval or remission [see FIG. 69]. Presumably in many of these instances patients suffered from what was much later identified as general paralysis of the insane for which the induction of malarial fever became the standard treatment in the twentieth century until the advent of antibiotics, but which in the eighteenth century had not been differentiated as a disease entity from the hodge-podge called 'madness'.

But medical theories die hard and old treatments have a tendency to reappear in new guises especially in psychiatry. As late as the 1930s Mead's notion that insanity could not coexist with other major disease came back into psychiatry in the hypothesis that schizophrenia – the mania of former times – and epilepsy were incompatible. By the time this was shown to be based on erroneous observation there had commenced another era of treating mental illness by convulsions artificially induced, first with camphor, then metrazol and soon superseded by electric currents, based on the hope of driving out the one by the other. It is part of contemporary history how convulsive treatments have in record time swept the psychiatric scene as the empirical remedy of the mid-twentieth century comparable in breadth of application and popularity only with the old standard 'antimaniacals'.

OF MADNESS

We all know the constitution of our fabric to be such, that whatever images present themselves to the mind, whether of things that may be beneficial or prejudicial to us, they necessarily excite certain affections or passions in the soul, which are instantly followed by suitable motions in the body. Thus joy, grief, hope, fear, desire, anger, even against our will, act upon, and cause alterations in the body, by raising commotions in the blood and humors. And it matters not, whether the ideas be true and real, or

false and imaginary, provided the mind has been long intent upon them: nay we often find by experience, that the soul is more powerfully wrought on by imaginary than real evils. Thus the vain dread of impending poverty is so much more intolerable than the real affliction itself, as to drive timorous people to lay violent hands on themselves. So far is the life of man exposed to miseries on every side . . .

Medical writers distinguish two kinds of madness, and describe them both as a constant disorder of the mind without any considerable fever; but with this difference, that the one is attended with audaciousness and fury, the other with sadness and fear: and that they call *mania*, this *melancholy*. But these generally differ in degree only. For melancholy very frequently changes, sooner or later, into maniacal madness; and, when the fury is abated, the sadness generally returns heavier than before: hence all maniacal people are fearful and cowardly; which is an observation of great use in practice . . .

Another remarkable circumstance is, that immoderate joy, too long continued, as effectually disorders the mind as anxiety and grief. And the reason seems to be, that the pleasing images, which are constantly present to the mind, suffer it not to attend to other things: and as it is struck and interrupted a thousand ways by objects, which necessarily occur every day; hence conflicts arise, which give a wrong turn to, and at length destroy, the thinking faculty. To which may be added the notions of solicitude and fear, lest some unforeseen stroke of adverse fortune should overturn this happy state. I have formerly heard Dr. *Hale*, physician to *Bethleem-hospital*, and of great experience in these matters, say more than once, that in the year 1720, ever memorable for the iniquitous south-sea scheme, he had more patients committed to his care, whose heads were turned by the immense riches which fortune had suddenly thrown in their way, than of those, who had been completely ruined by that abominable bubble. Such is the force of insatiable avarice in destroying the rational faculties!

But it is still more to be wondered at, that mad folks, especially of the melancholic tribe, sometimes take it strongly into their heads, to do things which give the greatest pain and uneasiness to the body; than which nothing is more contrary to human nature. For, though perishing with hunger, they obstinately refuse, and even abhor food, as if it were poison; and retain their urine for whole days together, though ready to burst. In cases of this kind the mind seems in some measure to be called away from the senses, while it is impossible but that the pain must be felt: but the unhappy person obstinately refuses to give attention to what is transacted within his body. And it is not improbable, that he is possessed with some vain notions, which make him patiently bear the pain he suffers: for example, that, if he does not, he will have more severe tortures inflicted on him; that the present pain was sent down from heaven on him in punishment for his sins, or is the effect of the devil's inevitable power, or of

witchcraft, and many other such empty notions. For there is nothing how incredibly silly soever, and contrary to good sense, but may affect a depraved imagination.

INCOMPATIBILITY OF INSANITY WITH OTHER DISEASE

But a surprizing circumstance in this distemper is, that it not only often preserves the patient from other diseases; but when it seizes him actually laboring under them, it lays such strong claim to the whole man, that it sometimes dispossesses the body of them . . . I remember to have seen two remarkable instances of the truth of this observation . . . a beautiful young lady, who was, in the twenty-eighth year of her age, seized with a violent cough and spitting of blood. For which she was blooded plentifully in the arm, every other day, five or six times . . . in two months a hectic came on, attended with thirst, heat, and night sweats; together with great wasting of flesh, and frequent spitting of . . . yellow purulent matter. Now she was running into a true pulmonary consumption, and death seemed to be at the door. Whereupon the patient began to be anxious for the salvation of her soul. She was immediately visited by her spiritual guides; who, instead of quieting her conscience, and raising her hopes, strongly inculcated that the way to heaven was rugged and difficult, and not to be passed without fasting, prayer, and anguish of mind: as if the happiness of the life to come was not to be purchased but by the unhappiness and miseries of this life. But observe the event. The miserable young lady, overpowered by sacred terrors, was soon seized with religious madness. Night and day she saw the appearances of devils, sulphureous flames, and other horrid images of everlasting tortures of the damned. But from this time the symptoms of the original disease began to abate: the febrile heat decreased, the spitting stopped, the sweats grew less; and her whole habit was so much changed for the better, that the bodily strength seemed to become more adequate to performing the functions of life, in proportion as the mind grew less capable of governing the body. But in a few days she grew quite melancholic. Wherefore the disease was treated by evacuations, proportioned to her strength, and other proper medicines; which seemingly had so good an effect, that there appeared some hopes of a perfect cure. But alas! toward the end of the third month, the hectic and ulceration of the lungs returning, this charming virgin died consumptive, who seemed worthy of a better fate.

ROBERT WHYTT (1714–1766)

MD Rheims & St Andrews, Fellow and President RCP Edin., FRS; professor of medicine, University of Edinburgh; physician to the King in Scotland

1. *An essay on the vital and other involuntary motions of animals*, 1751 *Edinburgh, Hamilton* et al. pp. 278-91, 300-1

   A second edition 1763

2. *Observations on the nature, causes and cure of those disorders which have been called nervous, hypochondriac, or hysteric, to which are prefixed some remarks on the sympathy of the nerves*, 1765 *Edinburgh, Becket & Du Hondt* (pp. xiv+520) pp. iii, 93-4, 102-4

   A third edition 1767

Whytt was Scotland's first 'neurologist' and the first after Thomas Willis who made fundamental contributions to knowledge of the central nervous system and its functions. He set himself the then unsolved problem of 'how it comes to pass that many of our muscles are brought into contraction, not only without the concurrence of the will, but in opposition to its strongest efforts, and why most of the organs of spontaneous motion [heart, alimentary canal, etc.] are continually agitated with alternate contractions and relaxations, of which we are no way conscious', and tried to answer it not by 'wantonly framing *hypotheses*, but . . . upon the surer foundation of experiment and observation'.

His investigations led him to enlarge Haller's notion that sensibility was a property of nerves and irritability a property of muscles by showing that sensibility and contractility were closely linked and muscular contraction dependent on conducting nerves. He proceeded to establish that movement could be initiated not only by an effort of will or by external stimuli but also by a nervous impulse independent of either. He thereby discovered what are called today autonomic and reflex activity and which he called 'vital' and 'involuntary motions'. His statement that these occurred without 'express consciousness' has been interpreted to mean that he foresaw the concept of unconscious mental operations. However, as the first extract shows, he was concerned only to demonstrate that much of the activity of the living body was dependent on the co-ordinating and directing influence of the nervous system acting independently of any superior principle or soul with which it had previously been identified. His book therefore laid the foundation of scientific neurophysiology as a subject open to investigation by the experimental method and so drew the demarcation line between physiology and psychology. (Incidentally he also described the pupillary response to light long known as Whytt's

reflex, the absence of which became so important in nineteenth century neuro-psychiatry as a diagnostic aid in cerebro-spinal syphilis.)

In the book from which the second extract is taken Whytt attempted to apply his neurophysiological findings clinically to bring order into the various diseases grouped haphazardly as 'nervous, hypochondriac, or hysteric . . . which appellation . . . Physicians have bestowed . . . on all those disorders whose nature and causes they were ignorant of'. However, all he achieved was a change in terminology without much more precise meaning: 'hysteric' and 'hypochondriac' were replaced by 'nerves' and 'nervous' until Cullen (1784) introduced the term 'neurosis' when these disorders became 'neurotic'.

INVOLUNTARY MOTIONS AND CONSCIOUSNESS

Many Philosophers have supposed two distinct principles in man; one of which has been called the *anima*, or soul; the other, the *animus*, or mind: by the former, they understood the principle of life and sense influencing the vital motions; and by the latter, the seat of reason or intelligence. According to them, we have the *anima*, or vital and sentient soul, in common with the brutes; but the *animus*, or *mens*, which is of a more exalted nature, is proper to rational creatures alone . . . I cannot . . . see any reason for multiplying principles of this kind in man: and, therefore, I am inclined to think the *anima* and *animus* . . . to be only one and the same principle acting in different capacities . . . We think it a very clear point, that the mind does not, as Dr. *Stahl* and others would persuade us, preside over, regulate, and continue the vital motions . . . for infants, ideots, and brutes of the lowest kind, (which last are certainly destitute of reason), perform these motions in as perfect a manner as the wisest Philosopher . . . Further, if there were any exercise of reason necessary to the continuance of the vital motions, the mind certainly ought to be conscious of this . . . for though, when we are solicitously engaged in any action, deeply involved in any thought, or strongly hurried away by any passion, we may often be unconscious of the impressions made by material causes on the organs of sense; yet we cannot but be sensible of the ideas formed within us by the internal operation of our minds, because their very existence depends upon our being conscious of them, and is at an end, as soon as either we attend not to, or forget them: to say therefore that such ideas may be formed and exist in the mind without consciousness, is, in effect, to say that they may, and may not exist at the same time; than which nothing can be more absurd. To avoid all metaphysical disputes about different degrees of consciousness; I desire it may be understood, that here and in other parts of this Essay, when I say we are not conscious of certain impressions made on the mind by the action of material causes on the organs of the body, I mean no more, than that we have no such consciousness or perception of them, as either convinces us of their existence when present, or enables us, by the help of memory, to recall them when past.

Further, the motions excited by any pain, or irritation, are so instantaneous, that there can be no time for the exercise of reason, or a comparison of ideas in order to their performance; but they seem to follow as a necessary and immediate consequence of the disagreeable perception . . . Hence, men do not eat, drink, or propagate their kind, from deliberate views of preserving themselves or their species, but merely in consequence of the uneasy sensations of hunger, thirst, &c . . .

Upon the whole, there seems to be in man one sentient and intelligent PRINCIPLE, which is equally the source of life, sense and motion, as of reason; and which, from the law of its union with the body, exerts more or less of its power and influence, as the different circumstances of the several organs actuated by it may require. That this principle operates upon the body, by the intervention of something in the brain or nerves, is, I think, likewise probable . . . in consequence of which it may determine the nervous influence variously into different organs, and so become the cause of all the vital and involuntary motions, as well as of the animal and voluntary . . .

Setting aside, however, all metaphysical considerations, we may find arguments *a posteriori* sufficient to prove that the mind does perform actions, which yet are unattended with consciousness. Thus we are not conscious of any effort of the mind in causing those motions of the body, which tickling the sides or the soles of the feet excites; yet it appears they in fact do proceed from the mind, from the like motions being produced, though in a less degree, by the fear only or apprehension of being tickled. – Dust, as well as flies and several other insects passing before our eyes, make us shut the *palpebræ*; and yet these motions, which certainly proceed from the mind, are not often attended to, and seldom remembered by us. – The contraction of the pupil from light, and of the muscles of the internal ear from sound, has been shewn to arise from an exertion of the mind's power, of which, however, we are in no degree sensible. – As the erection of the *penis* often proceeds from lascivious thoughts, it must be ascribed, in these cases at least, to the mind, notwithstanding our being equally unconscious of her influence exerted here, as in producing the contraction of the heart. – The sight, or lively idea of grateful food, is accompanied with a sudden and copious excretion of spittle into the mouth of a hungry person: certain ideas excited in the mind are the occasion of an uncommon flow of tears, from the lachrymal vessels: and a nurse's breast pours out its milk when a child is brought only near it. The extraordinary motions of the vessels of these parts cannot in any way be accounted for, than by ascribing them to the mind; of whose action, however, we are no way conscious.

NERVOUS DISORDERS

The disorders which are the subject of the following Observations, have

been treated of by authors, under the names of Flatulent, Spasmodic, Hypochondriac or Hysteric. Of late, they have also got the name of NERVOUS; which appelation having been commonly given to many symptoms seemingly different, and very obscure in their nature, has often made it be said that Physicians have bestowed the character of *nervous* on all those disorders whose nature and causes they were ignorant of. To wipe off this reproach, and, at the same time, to throw some light on nervous, hypochondriac and hysteric complaints, is the design of the following Observations . . .

ALL diseases may, in some sense, be called affections of the nervous system, because, in almost every disease, the nerves are more or less hurt; and, in consequence of this, various sensations, motions, and changes, are produced in the body. – However, those disorders may, peculiarly, deserve the name of *nervous*, which, on account of an unusual delicacy, or unnatural state of the nerves, are produced by causes, which, in people of a sound constitution, would either have no such effects, or at least in a much less degree. To illustrate this by a few examples. – We do not call the toothach a nervous disease, because the nerves of the teeth are greatly pained; but if, from a particular delicacy of constitution, the patient is, by this pain, thrown into convulsions and faintings, we call these symptoms *nervous*. – An obstruction in the coats of the stomach, or other hypochondriac *viscera*, is not, strictly speaking, a nervous disease; but if the nerves of these parts are so changed from their natural state, that low spirits, melancholy, or madness, are the consequence of this obstruction, then these symptoms deserve the name of nervous . . .

Those patients who are liable to the above complaints . . . may be distinguished into three classes.

1. Such as, though usually in good health, are yet, on account of an uncommon delicacy of their nervous system, apt to be often affected with violent tremors, palpitations, faintings and convulsive fits, from fear, grief, surprize, or other passions; and from whatever greatly irritates or disagreeably affects any of the more sensible parts of the body.

2. Such as, besides being liable to the above disorders from the same causes, are almost always more or less troubled with indigestion, flatulence in the stomach and bowels, a lump in the throat, the *clavus hystericus*, giddiness, flying pains in the head, and a sense of cold in its back part, frequent sighings, palpitations, inquietude, fits of salivation, or pale urine, &c.

3. Such as . . . are seldom free from complaints of indigestion, belching, flatulence, want of appetite, or too great craving, costiveness, or looseness, flushings, giddiness, oppression or faintness about the *præcordia*, low spirits, disagreeable thoughts, watching or disturbed sleep, &c.

The complaints of the first of the above classes may be called *simply nervous*; those of the second, in compliance with custom, may be said to be *hysteric*, and those of the third, *hypochondriac*.

JOHN BOND (fl. 1750)

MD Edin., native of Ireland, physician in North Carolina, America

An essay on the incubus, or night-mare, 1753 *London, Wilson & Durham* pp. [v-vii], 2-3, 19-20, 27

This enlarged English translation of Bond's doctoral thesis *De incubo* (1751) was the first separate publication dealing with nightmares, a theme often before discussed in medical texts. He was led to the subject by his own experience of vivid anxiety dreams followed by what is today called sleep paralysis. Perhaps for this reason he had a blind spot for the operation of psychological factors and gave a mechanical explanation blaming accumulation of blood in the heart and lungs for which logically he recommended blood-letting as the remedy. This hypothesis had originally been put forward by Nathaniel Highmore (1613–1685), MD Cantab., in *Exercitationes duæ. Quarum prior de passione hysterica: altera de affectione hypochondriaca*, 1660 (Oxford) in which under the influence of his friend William Harvey's discovery of the circulation of the blood, he attempted to replace the old uterine doctrine of hysteria by a new theory which attributed its convulsive symptoms to 'too great a congestion of blood in the vessels of the lungs and in the chambers of the heart'. However this was soon refuted by Thomas Willis (1667) who placed the pathology of hysteria squarely in the nerves – where it has remained. Highmore's contribution was forgotten so that a century later Bond was able to restate it as an invention of his own albeit to account for nightmares only.

Interestingly the next work on the subject, by John Waller 'Surgeon of the Royal Navy' (*A treatise on the incubus or night-mare, disturbed sleep, terrific dreams, and nocturnal visions*, 1816) was also inspired by and written from personal experience and also paid no attention to the possible operation of psychological factors. Waller regarded such phenomena as 'symptoms of great nervous derangement' due to 'acid . . . indigestion' and amenable to treatment by 'Carbonate of Soda'. Yet by then the psychological accompaniments of spontaneous and induced sleep and twilight states were on the Continent already the subject of large scale investigations into mesmeric phenomena which laid the foundation of the major psychological discoveries of the nineteenth century.

THE NIGHTMARE

Being much afflicted with the Night-mare, self-preservation made me particularly inquisitive about it. In consulting the ancient Physicians, I found little information concerning it, except dreadful prognostics; nor could a rational account of it be expected from them, as they were unacquainted with the circulation of the Blood.

The few Authors who have mention'd it since that glorious discovery, have also given imperfect accounts of it; which are probably owing to their not having felt it themselves: for, as it only seizes People in sleep, continues but a short time, and vanishes as soon as they awake, the Physician has not an opportunity of making observations of his own, but must take all from the description of others, who have labour'd under it. These, I believe, are the reasons that the principal Writers in Physic have taken so little notice of it . . . Under these disadvantages I have ventur'd to communicate the result of my own observations and reflexions on it; hoping, that a greater allowance will be made for the errors in this Essay, as it is perhaps the first that ever appear'd expressly on this subject . . .

I have . . . omitted an inquiry into the origin of many odd epithets and quaint names commonly given to this Disorder; such as Hag-riding, Wizard-pressing, Mare-riding, Witch-dancing, &c. nor did I think it requisite to mention particularly the curious Charms adapted to each superstitious name . . . In our language it is generally known by the name of the NIGHT-MARE; which strange term probably arose from superstitious notions which the British had, and perhaps still have, of it . . .

The Night-mare generally seizes people sleeping on their backs, and often begins with frightful dreams, which are soon succeeded by a difficult respiration, a violent oppression on the breast, and a total privation of voluntary motion. In this agony they sigh, groan, utter indistinct sounds, and remain in the jaws of death, till, by the utmost efforts of nature, or some external assistance, they escape out of that dreadful torpid state.

As soon as they shake off that vast oppression, and are able to move the body, they are affected with a strong Palpitation, great Anxiety, Languor, and Uneasiness; which symptoms gradually abate, and are succeeded by the pleasing reflection of having escap'd such imminent danger. All these symptoms I have often felt, and hope, that whoever has had, or may have, this Disease, will readily know it by this description, which I have not only taken from my own feelings, but from the observations of many of my acquaintances, who were also afflicted with it . . .

When the Body lies supine, the Heart necessarily falls on the Vertebrae of the Spine; and therefore, by its own gravity, must compress the left Auricle and Pulmonary Veins, which, at that time, lie directly under its basis; and, by that means, the course of the Blood through the Lungs will be stop'd . . . In this manner the return of the Blood from the Head will be prevented, the tender dilatable vessels of the Brain will be over-distended, the nervous influence obstructed, and the vital motions, in a great measure, if not altogether, stopt. This I take to be a real fit of the Night-mare, and in this manner it appears to be produc'd . . .

Hence people in Grief, &c. labour under a double Disease, which, on account of the anxiety, weight, and oppression that is felt from the Blood stagnating about the Heart, is commonly termed Heart-breaking.

GEORGE YOUNG (1691–1757)

MD St Andrews, LRCP Edin., physician of Edinburgh

A treatise on opium, founded upon practical observations, 1753 *London, Millar* pp. 106-8, 101-4, 112-4

In the eighteenth century the laity as well as the profession used opium freely for all kinds of conditions and diseases in various preparations such as tincture of laudanum, mithridatium, diascordium, theraiacum or Venice treacle, and paregoric. It had, wrote Young 'got into the hands of every pretender to practice, and is prescribed every day not only by many charitable and well-meaning ladies, but even by the too officious and ignorant nurses'. Its abuse had reached such proportions that by it 'great numbers are daily destroyed; not, indeed, by such doses as kill suddenly . . . but by its being given unseasonably in such diseases and to such constitutions for which it is not proper'. For this reason Young set down his experience with opium during 'more than 30 years uninterrupted practice', from which is quoted his advice concerning its use in psychiatric disorders. Unlike Blackmore (1725) he considered its general use 'in hysterics and nervous disorders', that is in minor disturbances especially psychogenic aches and pains, unnecessary and on a par with giving 'pills to purge folly'. On the other hand in 'mania and melancholia' he had occasionally witnessed dramatic improvement as though opium were a specific. This he attributed to its hypnotic effect because the prolonged sleep it caused stopped the patient worrying, relaxed his tense nerves, and rested the agitated particles of his nervous fluid, a rationale rather like that put forward for the 'continuous narcosis' treatment of today. Although Young was disappointed by later experience, the use of opium not only as a symptomatic remedy but as a specific for insanity was revived in 1791 by Joseph P. Brandreth (1746–1815), MD Edin., physician to the Liverpool Infirmary. He recorded that 'large doses of opium, in certain cases of insanity, has . . . been . . . frequently administered . . . in many cases, with wonderful good effects . . . The practice is pretty general here . . . The largest dose I have given, was four hundred drops of well made Tinctura Thebaica. The relief was like a miracle. From the greatest possible furor, in a few hours my patient was calm and rational' (*Medical Commentaries for the year MDCCXCI, Edinburgh,* 1792).

In 1797 Vincenzio Chiarugi (1759–1820), illustrious physician to the Hospital of St Boniface in Florence and reformer of the treatment of the insane in Italy, gave new fillip to the opium treatment when he described a method of administration which overcame the difficulty of giving it by mouth to obstreperous patients. In a 'Letter on the External Use of Opium, to Dr. L. Frank' first published in Italian (Florence, 1797) and abstracted in *Annals of Medicine for the year 1798, Edinburgh* (1799) he recorded his results with powdered opium

rubbed into the skin using a simple ointment as vehicle. Twelve patients 'affected with mental or reactive madness . . . a disease in which it is so difficult to exhibit medicines internally' were treated by this means only. 'A state of calmness constantly succeeded . . . and five of them have been cured, without the use of any other remedy'. All possibility of error or deception was excluded since none of the opium could have been swallowed 'these experiments being all made on patients who were tied'.

This method was taken up in England by Michael Ward (?–1831), MD St Andrews, MRCS, surgeon to the Manchester Infirmary, who published a series of papers commencing in 1799 and summarised in *Facts establishing the efficacy of the opiate friction*, 1809 (Manchester). He demonstrated that 'the Opiate Friction' was especially valuable 'in all the different kinds of delirium (the febrile and maniacal)' from its property of 'removing mental irritability, and inducing sleep', even where opium by mouth had failed. But Chiarugi's treatment did not catch on and indeed in the early decades of the nineteenth century the general use of opium in insanity declined, only however to come back in the middle of the century. 'The early writers on insanity condemned the use of opiates and narcotics generally' wrote Sir John Bucknill, 'they had not learned to discriminate the conditions of mental disease in which opium becomes a true balm to the wounded spirit, – a sedative in mania, a restorative in melancholia; sometimes even a tonic . . . Dr. Shute, of Gloucester . . . appears to have most contributed to the re-introduction of opium in the treatment of insanity . . . From that time the opiate treatment . . . has gradually undergone development, until, at the present time, the skilful and discriminating use of this drug may truly be called the sheet anchor of the alienist physician' (*A manual of psychological medicine*, 1858 with D. H. Tuke). At this time also Sir George Johnson (1818–1896), MD Lond., FRCP, FRS, professor of medicine, King's College Hospital, physician to the Queen, proclaimed 'the beneficial use of opium . . . even before mental disease has actually developed' whereby 'a perverted emotion which has become apparently fixed and incurable' may be 'held at bay' for as long as necessary (*Medical Times and Gazette*, 1853). In short, one hundred years after Young, opium returned as tranquillizing agent in chief and its indications 'a question whose importance is inferior to none in the whole range of psychological medicine' (Bucknill, *loc. cit.*).

OPIUM IN MELANCHOLIA AND MANIA

When first I used opium for a *melancholia*, it proved a very successful remedy; so that I doubted not but that it acted as a specific, and only failed in other peoples hands, because they gave it in too small doses. I gave six grains in one night to a young gentleman, for a recent melancholy: he fell into a profound sleep, and sweated much all night; yet without my orders, he was that morning put into the cold bath, and again laid in bed to sweat. This was bold, but blind practice; however, he was well in eight days, tho' I could not determine whether the opium or the bath had the greatest share in the cure.

I gave four grains of opium to a gentlewoman who lost the use of her reason on a sudden, by the barbarous treatment of her husband, and she

was cured by that single dose. Whether a case so recent would not have been easily cured without medicines, or whether the profound sleep she fell into might contribute totally to efface the incoherent set of ideas which possessed her mind before she took the opium, I will not pretend to determine; but soon after this, I had some other instances, as I thought, of the good effects of opium in this disease, which made me fond of it as a specific in the like cases. At length I had a patient labouring under a religious melancholy, who talked of nothing but the unpardonable sin, *&c.* In short, despair had drove him mad. In one of his mad fits he took such a dose of *laudanum*, without the knowledge of his physicians, as had almost killed him. When we found him in that condition, we discovered that he had taken *laudanum* by the smell of his breath, but we knew not the quantity; his sleep was so profound, that he could not be awakened; his breathing was high and laborious, attended with a profuse sweat, moaning, a florid countenance, and frequent spasms of the muscles. Tho' he recovered of the opium, his *melancholia* continued . . .

This one instance made me more sceptic than before, as to the specific quality of opium in this disease; but still I thought the case was unfavourable, as the disease had been of long continuance, and had likewise long threatened ere it seized him. But since that time I cannot boast of its success, since it has often failed me for several years; and upon the whole of my experience, I begin to conclude, that it only does good where the pulse is slow, and always seems to do harm where the patients are disposed to be outrageous: both which conclusions will agree with what we have said of its effects on the mind, *viz.* that it gives courage and anxiety. I expected to find it of general benefit to such as are very timorous and cowardly; and that it would be hurtful to the impudent, the self-conceited, and bold maniacs: but in fact, I was so frequently disappointed, that I cannot now recommend or forbid it in general; nor do I expect any good from it when the disease has been of a long standing, when the patient is outrageous, or the cause still continues.

To some opium gives a flow of spirits, after once they are accustomed to it; but they find them proportionally depressed, after its influence is over . . . Mrs. R. had been long accustomed to *liquid laudanum*, and took betwixt three and four hundred drops a day. Without it, she was greatly depressed with a kind of melancholy; but with it, behaved like one in liquor, being very loquacious, and apparently very happy . . . If a long and confirmed habit of taking opium can divest it of its narcotic quality, it will probably be found a valuable drug, in some cases wherein it is often dangerous, by being too apt to cause sleep. A certain surgeon always took some opium, and gave of it likewise to his patient, when he had any considerable operation to perform . . . it is the habitual use of it that renders it ineffectual in promoting sleep . . . I have at present one patient, who has used it for twelve years: he never finds that it disposes him to sleep at all, tho' he takes four tea-spoonfuls every day of the *liquid laudanum* . . .

In treating hysteric disorders all young physicians give opium a place in their practice, because they would mitigate the hysteric pain where ever it is; and sometimes to abate an hysteric vomiting. But I have seen some women seized with an hysteric vomiting, or colic, as often as they were under any disappointment, anger, or vexation, tho' the minute before in perfect health both of body and mind; yet one slight affront has set them immediately a vomiting, with great difficulty of breathing, and the whole train of hysteric symptoms. What can opium do here? What will our juleps do, and draughts of *sal. absynth.* and *suc. limon.*? What will all our stinking or heating nervous medicines avail? To such patients we are often called, and we go through the fashionable practice till their passion of mind subsides; and then, but not till then, the disease is cured, and we come off with the applause both of ourselves and others. Passions of the mind alone will as suddenly bring on hysteric fits, as fear and modesty will occasion trembling and blushing; but on the other hand, I suspect, that as we cannot by medicines hinder the blushing or trembling, without preventing those passions upon which they depend; neither can we cure such hysteric fits as are owing to anger or pride, till the passions subside. I confess I have, thro' ignorance, given hysteric pills, when I might as well have given pills to purge folly and make my patient wiser. By what I have said, I do not mean, that when the patient complains grievously of a pain in her head, she should be told that she has none; for she really feels it, but mistakes the cause, when she thinks it independent of her anger.She will not be satisfied unless the physician prescribes; and he may do it with this comfort, that whatever innocent thing he orders, it will generally succeed: for the passions will subside in time, either with or without medicine.

SIR GEORGE BAKER (1722–1809)

MD Cantab., Fellow and nine times President of the Royal College of Physicians, hon. FRCP Edin., FRS, physician of Stamford, Lincolnshire, later of London and to George III and Queen Charlotte

De affectibus animi et morbis inde oriundis, 1755 *Cambridge, Thurlbourn* et al. (pp. v+34) pp. iii-iv, 6-9, 19-20, 23-4, 33

DE

AFFECTIBUS ANIMI

ET

MORBIS inde Oriundis

DISSERTATIO

HABITA

CANTABRIGIÆ

IN

SCHOLIS PUBLICIS

V^to^ Kalend. Februarias A. D. MDCCLV.

A

GEORGIO BAKER, M. D.

Collegii Regalis Socio.

CANTABRIGIÆ,

TYPIS ACADEMICIS EXCUDEBAT J. BENTHAM.

Venenunt apud GUL. THURLBOURN, et T. MERRILL, Cantabrigiæ; J. WHISTON & B. WHITE, et R. DODSLEY, Londini; R. FLETCHER, Oxonii; J. POTE, Etonæ; et A. ROGERS, Stamfordiæ.

M.DCC.LV.

FIG. 73 Title-page of Sir George Baker's Latin oration delivered to the public schools of Cambridge University *On the affections of the mind and the diseases arising from them*, 1755.

Baker's address 'On the affections of the mind and the diseases arising from them' delivered in Latin to 'the public schools' of Cambridge University on 5 February 1755, was the first recorded lecture on the mind-body relation given there. His purpose was to demonstrate the importance of studying not only patients' bodies but also their minds: 'It is impossible for the mind to suffer without the body becoming sick or the body to be sick without the mind being affected also'. Baker must have been interested early in mental disorders for in 1788 when in attendance on George III during his first attack of insanity he stated to the Parliamentary Committee: 'I was formerly a Pupil of Dr. Batty's [Battie], who attended an Hospital [St. Luke's], where I had an Opportunity of seeing many Instances of this Disorder'. Indeed it is likely that William Battie (born in the same rectory at Modbury in Devonshire where his father was incumbent before Baker's father) was responsible for his interest in insanity. Selected passages given here in translation show how modern Baker's thesis was and how many of his phrases can still be heard in lectures on psychosomatic medicine today. He also drew attention to infantile jealousy which as sibling rivalry was rediscovered as a cause of psychological disturbance in the twentieth century; and he stressed the value of a knowledge of the humanities which 'though they do not make a physician, nevertheless fit a man for medicine'.

When I was asked recently to give a lecture at Cambridge on some subject connected with medicine, it occurred to me that I should better please the Gentlemen of the University if I chose a subject not far removed from their own studies rather than confound their ears with outlandish words and matter as though I were dosing an unwilling stomach with loathsome medicine. This lecture on the *Affections of the mind* is the result. It is hesitantly and timidly offered to the public . . . From the earliest antiquity, from the very cradle of philosophy and medicine we learn that it was a regular thing for the princes and professors of philosophy (I mean Pythagoras, Empedocles, Democritus) to practice medicine. This was not only for the reason Celsus gave: 'because those who have weakened their bodily powers by restless mental efforts and by watching have most need of medical care'. For one may assume that these wise men who pondered so much over the mind came to a right understanding of the bond and affinity which joins it to the body. They knew that it was impossible for the mind to suffer without the body becoming sick also or the body to be ill without the mind being associated with it in the distemper. From ignorance of this fact it comes about that in curing diseases there is often a great deal of confused meddling which is entirely vain and achieves nothing for all its untimely intervention. In how many cases is the mind at fault when a hodge-podge of medicines composed of almost all the elements collected from every source is applied to the stomach. It will exhaust the patient's purse a good deal sooner than it will get rid of the trouble. Surely here the best medicine is no medicine. Can the sleep-distilling poppy or the famed juice of Mandragora or Homer's celebrated medicine whatever it was long ago 'banishing pain and anger and causing forgetfulness of all troubles' alleviate the grievous troubling of a sick man's mind or wrap it in sweet slumber? . . . In such diseases it is Socrates' medicine, not Galen's which ought to be applied. The remedy is to be found not in the laboratories of apothecaries but in the wise men's schools. Nature has not been so oppressive and inimical to the human race as to provide so many remedies for the body but none for the mind. The saying of the old man of Cos was not rashly made: 'The philosopher is a god-like physician'.

The affections of the mind refusing the restraint of right reason not only give rise to rebellious behaviour but also cause furious disturbances within our vitals. Nevertheless there is an error in the philosophy of those who declare that the affections of the mind are not so much to be moderated as destroyed, not pruned but pulled out by the roots and torn from our breasts. These affections are not vain but are introduced into the make-up of man according to the wise plan of the supreme Creator of all things who does nothing without purpose. They are like the wind blowing on a ship which clears and moderates the weather and causes the human bark to sail

happily over the calm ocean of life. But if they gain the upper hand we are tossed about among the waves as though the ship had no helmsman and we become the sport of any wind that blows . . .

The diseases of the mind which I have recalled up to now, deserve to be considered among the most acute, for, following Celsus I say that in such cases there is danger of insanity or of death. Melancholy [*tristitia*] encroaches slowly, step by step, like that poison which the barbarians are reported to prepare so skilfully that they can gradually waste away a man's vital stamina and consume him by degrees in a slow death . . . Envy . . . is of the same family and race as it were . . . the most harmful guest that the breast of man can foster . . . an inward plague which mixes its evil poison with the blood and with our humours . . . Even at the tenderest age, in the very cradle, unmistakeable signs of jealousy may be seen. What I say is amazing but yet it is proved by experience. It is possible to see an infant weaken and languish most wretchedly from this emotion as if from some wasting disease. The child is not to be freed from this grave illness by any art or physician's help unless the rival infant is taken from his sight or purposely treated more neglectfully.

Among this class of diseases hypochondriasis must not be omitted . . . It differs from melancholy more in degree than in kind . . . Almost all students have to contend with this disease. It attacks with combined force their bodily rest and their contentment of mind. According to Celsus nothing so saps and weakens one's constitution as anxious thought . . . Happy those who are accustomed wisely to alternate business and leisure . . .

Our forebears wisely considered and made provision both for the health of our citizens and for the honour of our art when they laid down the rules for the founding of this most flourishing home of letters. They knew that the various sciences are all connected among themselves and in a certain sense complementary so that they combine to support one another. They therefore saw to it that the humanities should be both a help and an adornment to medicine: *since these studies, though they do not make a physician, nevertheless fit a man for medicine.*

WILLIAM BATTIE (1703–1776)

MD Cantab., Fellow and President of the Royal College of Physicians, FRS; physician to St Luke's Hospital for Lunatics, 1750–64

A treatise on madness, 1758 *Whiston & White* (pp. vii+99) pp. 1-2, 5-6, 59-61, 68, 71-2, 88, 93-5, 97-9

A

TREATISE

ON

MADNESS.

By WILLIAM BATTIE M. D.

Fellow of the College of Phyſicians in LONDON,

And Phyſician to St. Luke's Hoſpital.

LONDON:

Printed for J. WHISTON, and B. WHITE, in Fleet-ſtreet.

M,DCC,LVIII.

[Price Two Shillings and Six-Pence.]

FIG. 74 Title-page of 'Battie on Madness' as his *Treatise*, 1758 – the first by a specialist physician – came to be known.

A classical scholar with editions of *Aristotle* and *Isocrates* to his credit, former demonstrator of anatomy at Cambridge (where Horace Walpole was his pupil), and later author of a treatise on physiology *De principiis animalibus* (1757) and a medical text-book in the form of aphorisms *Aphorismi de cognoscendis & curandis morbis* (1760), Battie's interest in insanity first showed itself in 1742 when by subscribing £50 he had himself elected a governor of Bethlem Hospital. Eight years later as an eminent physician who had achieved office and honours at the College of Physicians where he had served three terms as censor, was Harveian Orator in 1746 and Lumleian lecturer 1749–54, he was instrumental in founding St Luke's Hospital for Lunaticks 1750 which opened in 1751 with himself as its first physician. About this time he acquired premises in Islington Road for private patients and in 1754 took over Newton's madhouse in Clerkenwell Close [see FIGS. 42 & 43]. From then on he devoted himself exclusively to 'madness' and with John Monro his opposite number at Bethlem Hospital, became the leading 'mad-doctor' as they were called of the day.

His success was such that although a self-made man his estate at his death was variously estimated at between £100,000 and £200,000. In 1764 he retired from St Luke's and the opening sentence of his letter of resignation to the governors shows his ability to give serious matters a humorous turn which

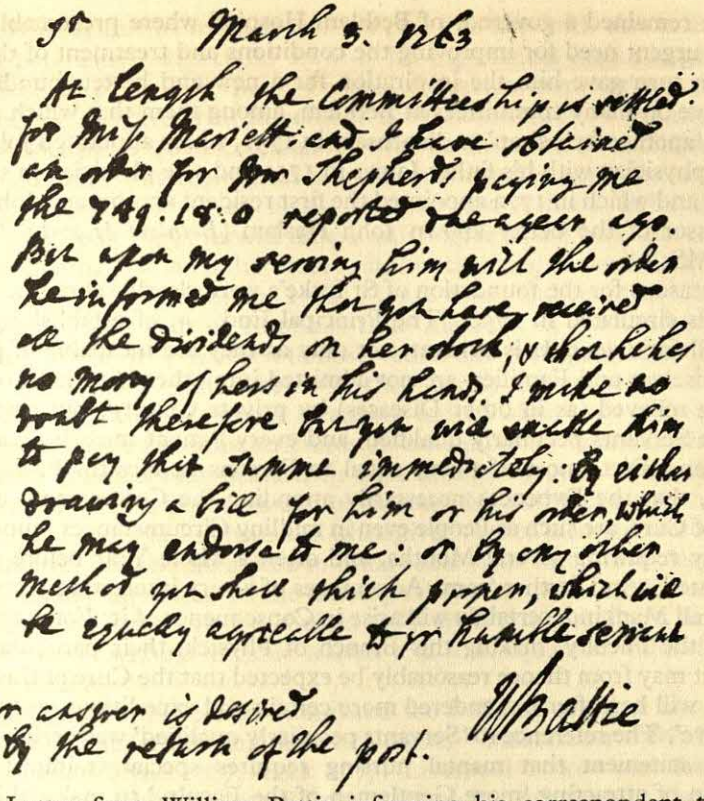


FIG. 75 Letter from William Battie informing his correspondent that the 'Committeeship' of a patient (presumably in his madhouse) had been settled and demanding payment of his outstanding fees of £749. 18. 0 from her estate, 1763.

made his friends speak of him as a 'funster': 'Improvement in Medical knowledge being one of the principal objects of Hospital Practice for which Men growing old in confirmed Habits and Opinions are not so well qualified, I cannot at present answer your good Intention better than by retiring from this part of the Mad Business in time And resigning the Care of your Patients to some younger Physician'. In the same year he was elected president of the College of Physicians, the first and apparently only full time psychiatrist ever to hold this office.

One thousand patients had passed through his hands (of whom more than half were discharged 'cured') including Christopher Smart the poet, a patient from May 1757 to May 1758 when he was discharged on Battie's submission to the weekly admission and discharge committee of governors 'that Christopher Smart continues disordered in his Senses notwithstanding he has been admitted into this Hospital above 12 Calender Months. And from the present Circumstances of his Case there not being sufficient reason to expect his speedy Recovery'. Alexander Cruden only just managed to elude 'the servants' of St. Luke's in November 1753 by sleeping away from 'his lodgings the night betwixt thursday and friday, the time of seizing the patients for St. *Luke*'s'.

Battie remained a governor of Bethlem Hospital where presumably he first saw the urgent need for improving the conditions and treatment of the insane, which in turn gave him the inspiration for a new and better foundation. He was active on many committees at Bethlem, among them that which instituted the first 'apothecary's shop' or dispensary in 1751, which appointed John Monro as joint physician with his father James in 1751 and sole physician in succession in 1752, and which in 1772 appointed the first resident apothecary, John Gozna, predecessor of the better known John Haslam (*Bethlem Hospital Committee Books*, MS.).

The reasons for the foundation of St Luke's were clearly set out in an appeal for funds circulated in 1750: 'The Principal End . . . of establishing another Hospitall for *Lunaticks* is evident, not only as they are incapable of providing for themselves and Families, are not admitted into other Hospitalls or capable of being relieved (as in other Diseases) by private Charity: but also as there must be Servants peculiarly qualified, and every Patient must have a separate Room, and Diet, most of them, equal to Persons in Health. From hence it appears, that the Expences necessarily attending the Confinement and other means of Cure, are such as People even in midling Circumstances cannot bear, it generally requiring several Months, and often a whole Year before a Cure is compleated'. And further 'some Advantages of a very interesting Nature to the good of all Mankind, certainly will arise in Consequence of it: For more Gentlemen of the Faculty, making this Branch of Physick, their particular Care & Study, it may from thence reasonably be expected that the Cure of this dreadful Disease will hereafter be rendered more certain and expeditious, as well as less expensive'. The reference to 'Servants peculiarly qualified' was perhaps the first printed statement that mental nursing requires special training; and the intention of attracting 'more Gentlemen of the Faculty' to make 'this Branch of Physick, their particular Care & Study', the first formulated policy of raising psychiatry to the rank of a medical specialty. These sentiments were doubtless Battie's, the moving spirit behind the new venture and he expressed them again in his *Treatise on madness* which he 'designed . . . to . . . be of service to other Students, who have not the same opportunity of seeing practice'. As early as February 1753 the governors passed a resolution 'that it will be for the Publick Good and for the Credit of this Charity that the Physician . . . be at Liberty to take Pupils' (at this time the hospital accommodated 57 patients, a number which soon rose to 70). This was 'the first attempt to instruct students by actual observation of the phenomena of madness' wrote Sir James Clark in 1869 in his *Memoir of John Conolly*, who in turn gave the first course of systematic clinical instruction in a county lunatic asylum in 1842. And not until 1843, ninety years after psychiatric teaching started at St Luke's, did the governors of Bethlem at last admit pupils.

Battie therefore initiated a new era in psychiatry in a number of ways. As the first physician of repute with a scientific background and distinguished social position who made insanity his whole time work he raised the 'Mad Business' to a respectable medical specialty. Empowered to take pupils he became the first teacher of psychiatry in England if not the world and created opportunities for studying the insane unencumbered by the centuries old traditions which prevailed at Bethlem. In consequence he attracted to the subject such distinguished men as Sir George Baker who attended George III in his first attack of insanity

in 1788. His *Treatise on madness* was not only the first with this title, but the first by a psychiatrist who could draw on his experiences with a large number of patients (excepting only the physicians of Bethlem who had not published on the subject). It gave great impetus to the rational study of insanity, less by any novel doctrine he advanced than for what he discarded of traditional ballast which stood in the way of progress. He also attempted to apply the new neurophysiological concepts – particularly Albrecht von Haller's 'irritability' – to explain the phenomena of mental illness which he believed were due to deluded sensation and imagination rather than to faulty reasoning or intellectual function as was generally held [see Snape 1718; Monro 1758; Cullen 1784]. Implicit in his approach was a shift of emphasis from madness as one uniform disease blindly and uniformly physicked to observation and management of individual patients. Battie had learnt what was then hardly recognised that patients recovered spontaneously without treatment indeed often only after treatment was stopped. Hence his blunt strictures on contemporary methods 'tho' it may seem almost hæretical to impeach their antimaniacal virtues': 'many a Lunatic, who by the repetition of vomits and other convulsive stimuli would have been strained into downright Idiotism, has when given over as incurable recovered his understanding'. He also attempted to bring some order into the subject without the classificatory intricacies of the nosological systems which followed later in the century [see Arnold 1782/6; Cullen 1784] by dividing madness simply into 'original' that is without organic lesions and 'consequential' following brain disease or injury.

The example Battie created stimulated the building of other hospitals for lunatics which followed during the next decades – Manchester 1766; St Luke's Newcastle upon Tyne 1767; York 1777; Liverpool 1790 – and the crop of psychiatric books which appeared later in the eighteenth century also bear the stamp of his influence. Theoretical discussion gave way to case histories and preoccupation with physical treatments to 'regimen' and 'management' from which developed the 'moral treatment' of the nineteenth century. How strikingly Battie's teaching marked a dividing line between the old and the new approach to mental illness is shown by the wrath it aroused in John Monro, the physician of Bethlem Hospital, citadel of tradition across the way from St Luke's in Moorfields.

TREATISE ON MADNESS

Madness, though a terrible and at present a very frequent calamity, is perhaps as little understood as any that ever afflicted mankind. The names alone usually given to this disorder and its several species, *viz. Lunacy*, *Spleen*, *Melancholy*, *Hurry of the Spirits*, &c. may convince any one of the truth of this assertion, without having recourse to the authors who have professedly treated on this subject. Our defect of knowledge in this matter is, I am afraid, in a great measure owing to a defect of proper communication: and the difficulties attending the care of Lunaticks have been at least perpetuated by their being entrusted to Empiricks, or at best to a few select Physicians, most of whom thought it adviseable to keep the cases as well as the patients to themselves. By which means it has unavoidably

happened that in this instance experience, the parent of medical science, has profited little, and every Practitioner at his first engaging in the cure of Lunacy has had nothing but his own natural sense and sagacity to trust to; except what he may perchance have heard of Antimonial vomits, strong purges, and Hellebore, as specifically antimaniacal: Which traditional knowledge however, if indiscriminately reduced to practice, a little experience will soon make him wish he had been an entire stranger to.

There is therefore reason to hope, that an attempt to discover the causes, effects, and cure of Madness, will meet with a favourable reception . . .

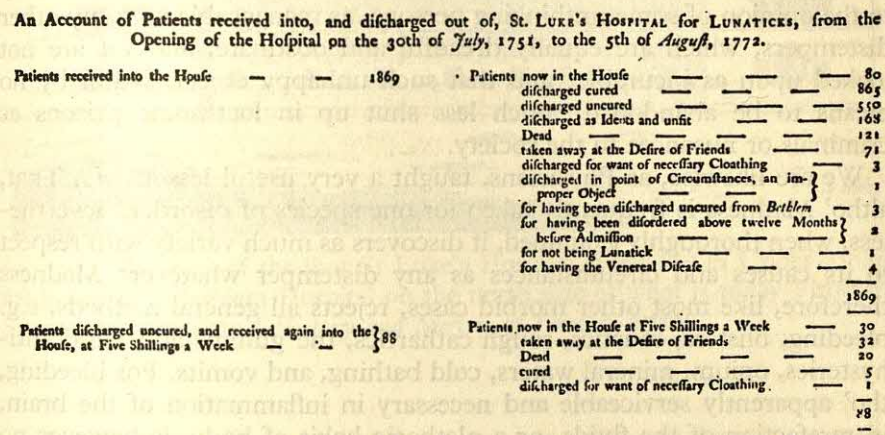
Deluded imagination, which is not only an indisputable but an essential character of Madness . . . precisely discriminates this from all other animal disorders: or that man and that man alone is properly mad, who is fully and unalterably persuaded of the Existence or of the appearance of any thing, which either does not exist or does not actually appear to him, and who behaves according to such erroneous persuasion.

The Diagnostic Signs of Original and Consequential Madness; and the Prognostic arising therefrom

Having in the two preceding Sections discovered most of the causes of Madness that deserve our attention, and thereby divided this disorder into two species, *viz. Original* and *Consequential*: It will be necessary to mention some particular circumstances attending either species, which will enable the Physician not only to distinguish Original Madness from Consequential, but also the better to settle his prognostic and method of cure.

First then, there is some reason to fear that Madness is Original, when it neither follows nor accompanies any accident, which may justly be deemed its external and remoter cause. Secondly, there is more reason to fear that, whenever this disorder is hæreditary, it is Original. For, altho' even in such case it may now and then be excited by some external and known cause, yet the striking oddities that characterise whole families derived from Lunatic ancestors, and the frequent breaking forth of real Madness in the offspring of such illconcerted alliances, and that from little or no provocation, strongly intimate that the nerves or instruments of Sensation in such persons are not originally formed perfect and like the nerves of other men. Thirdly, we may with the greatest degree of probability affirm that Madness is Original, when it both ceases and appears afresh without any assignable cause . . . Original Madness, whether it be hæreditary or intermitting, is not removable by any method, which the science of Physick in its present imperfect state is able to suggest. But, altho' Original Madness is never radically cured by human art, its ill-conditioned fate is however a little recompensed sometimes by a perfect recovery, sometimes by long intervals of sanity, without our assistance

and beyond our expectation. Besides Original Madness is in itself very little prejudicial to animal life . . . Madness, which is consequential to other disorders or external causes, altho' it now and then admits of relief by the removal or correction of such disorders or causes; yet in proportion to the force and continued action of such causes, and according to the circumstances of the preceding disorders, it is very often complicated with many other ill effects of those causes and disorders; and, tho' it may not in itself be prejudicial to bodily health, any more than Original Madness, yet by its companions it becomes fatal or greatly detrimental to animal life.



An Account of Patients received into, and diſcharged out of, St. Luke's Hospital for Lunaticks, from the Opening of the Hoſpital on the 30th of *July*, 1751, to the 5th of *Auguſt*, 1772.

Patients received into the Houſe — — 1869

Patients diſcharged uncured, and received again into the Houſe, at Five Shillings a Week — — 88

Patients now in the Houſe — — — 80
diſcharged cured — — — 865
diſcharged uncured — — — 550
diſcharged as Idents and unfit — — 168
Dead — — — — 121
taken away at the Deſire of Friends — 71
diſcharged for want of neceſſary Cloathing — 3
diſcharged in point of Circumſtances, an improper Object — — 1
for having been diſcharged uncured from *Bethlem* — 3
for having been diſordered above twelve Months before Admiſſion — — — 2
for not being Lunatick — — — 1
for having the Venereal Diſeaſe — — 4
1869

Patients now in the Houſe at Five Shillings a Week — 30
taken away at the Deſire of Friends — 32
Dead — — — 20
cured — — — 5
diſcharged for want of neceſſary Cloathing — 1
88

FIG. 76 Table of admissions and discharges 1751–72 appended to *Reasons for the establishing and further encouragement of St Luke's Hospital for Lunaticks. Together with the rules and orders for the government thereof*, 1772 (an annual publication which included 'A list of Governors', 'Instructions to such Persons who apply for the Admission of Patients', and the audited accounts of the previous year).

The Regimen and Cure of Madness

The Regimen in this is perhaps of more importance than in any distemper. It was the saying of a very eminent practitioner in such cases *that management did much more than medicine*; and repeated experience has convinced me that confinement alone is oftentimes sufficient, but always so necessary, that without it every method hitherto devised for the cure of Madness would be ineffectual . . . Nor does experience, which oftentimes supplies the defect of rational intention in many disorders that are hitherto inexplicable by general science and the common laws of Nature, furnish us with any well attested remedy for Original Madness. For, altho' several specifick Medicines have by the merciful direction of Providence been of late successfully applied in some distempers otherwise incurable by art, such as Mercury in the Venereal infection, Opium in pain and watchfulness, the Peruvian Bark in mortification intermittent fevers and many

other complaints; and altho' we may have reason to hope that the peculiar antidote of Madness is reserved in Nature's store, and will be brought to light in its appointed time; yet such is our present misfortune, that either this important secret hath been by its inventors withheld from the rest of mankind, or, which is more probable, hath never yet been discovered.

The Cure of the Symptoms and Consequences of Madness. And some Observations upon the Whole.

We have therefore, as Men, the pleasure to find that Madness is, contrary to the opinion of some unthinking persons, as manageable as many other distempers, which are equally dreadful and obstinate, and yet are not looked upon as incurable: and that such unhappy objects ought by no means to be abandoned, much less shut up in loathsome prisons as criminals or nusances to the society.

We are likewise, as Physicians, taught a very useful lesson, *viz.* That, altho' Madness is frequently taken for one species of disorder, nevertheless, when thoroughly examined, it discovers as much variety with respect to its causes and circumstances as any distemper whatever: Madness therefore, like most other morbid cases, rejects all general methods, e.g. bleeding, blisters, caustics, rough cathartics, the gumms and fætid anti-hysterics, opium, mineral waters, cold bathing, and vomits. For bleeding, tho' apparently serviceable and necessary in inflammation of the brain, in rarefaction of the fluids, or a plethoric habit of body, is however no more the adequate and constant cure of Madness, than it is of fever. Nor is the lancet, when applied to a feeble and convulsed Lunatic, less destructive than a sword. And, altho' blisters, caustics, and sharp purges quickned with white Hellebore, and indeed all painful applications, not only evacuate and thereby relieve delirious pressure, but also rouse and exercise the body, and seem more peculiarly adapted to Insensibility when it is a symptom or consequence of Madness; nevertheless these and all pungent substances are to be tried with great caution, or rather are not to be tried at all in fits of fury . . . As to black Hellebore, it is either not the drug which was recommended by the Antients and made Anticyra famous, or else it did not really deserve such recommendation. For after severe trials I have not the least reason to think it of any service in Madness . . . As to Opium, notwithstanding what hath been before said concerning the great relief obtained by this powerful drug in some particular circumstances, it is no more a specific in Madness than it is in the Small Pox. For no good whatever can be expected but from its narcotic virtue, and much harm may arise therefrom when improperly administered . . . Lastly with respect to Vomits, tho' it may seem almost hæretical to impeach their antimaniacal virtues; yet, when we reflect that the good effects which can be rationally proposed from such shocking operations are all nevertheless the consequences of a morbid convulsion, these active medicines are apparently

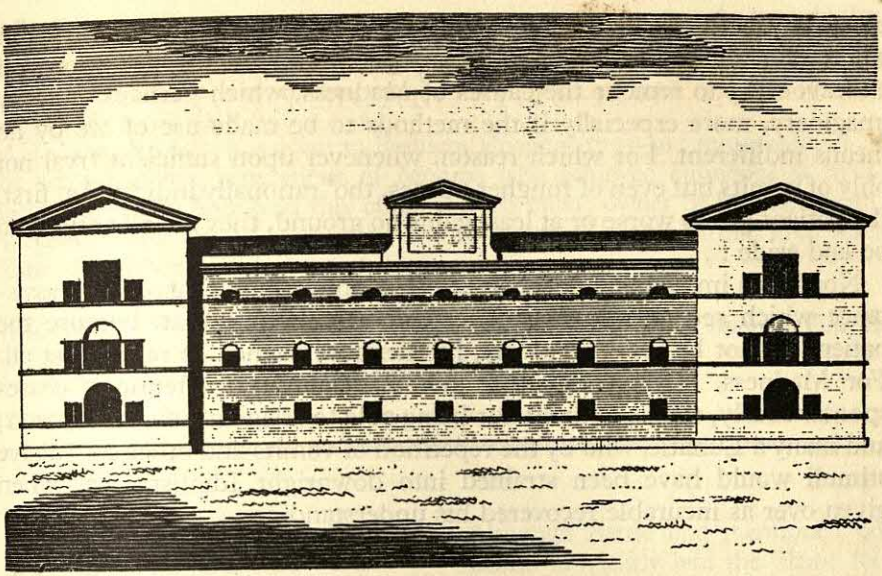


FIG. 77 Elevation of the first St Luke's Hospital (1751–86) in Upper Moorfields opposite Bethlem Hospital on the north side of what is today Finsbury Square (Chamberlain's *History and Survey of London*, 1770).

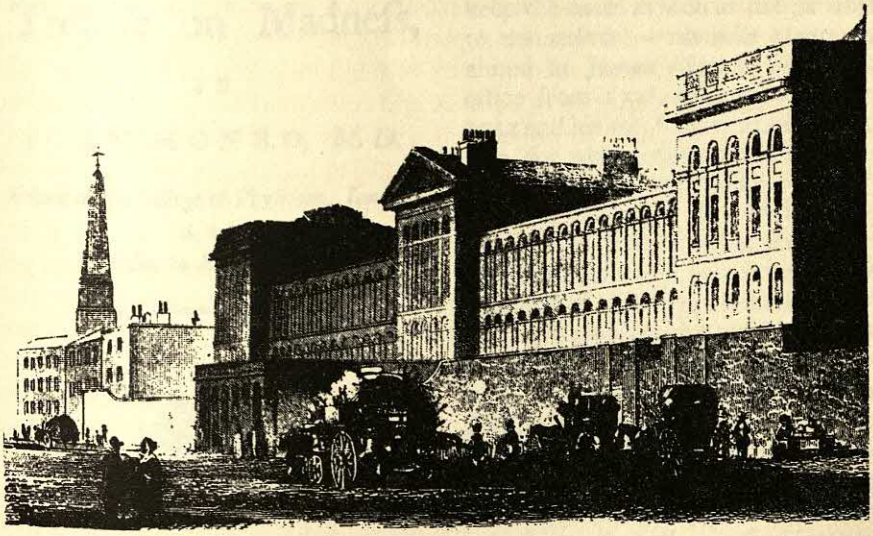


FIG. 78 The second St Luke's Hospital in Old Street (Payne's *Illustrated London*, 1846–7) 1786–1917 when the site was sold to the Bank of England. In 1923 started the association with the Middlesex Hospital which led to the opening in 1930 of the third St Luke's–Woodside Hospital 'for functional and nervous disorders'.

contraindicated . . . Besides . . . we should take great care not do harm where it is not in our power to do any good, and not dwell too long on endeavouring to remove the causes of Madness, which perhaps are only imaginary, more especially if the methods to be made use of are by no means indifferent. For which reason, whenever upon sufficient tryal not only of vomits but even of rougher purges, tho' rationally indicated at first, the patient grows worse or at least gains no ground, they are all entirely to be laid aside . . .

Nor let us immediately despair at being obliged to withhold that assistance which seemed the most effectual, or conclude that, because the patient cannot be relieved by art, he therefore cannot be relieved at all. For Madness, like several other animal distempers, oftentimes ceases spontaneously, that is without our being able to assign a sufficient reason; and many a Lunatic, who by the repetition of vomits and other convulsive stimuli would have been strained into downright Idiotism, has when given over as incurable recovered his understanding.

JOHN MONRO (1715–1791)

MD Oxon, FRCP, physician to Bethlem Hospital 1751–91; representative of the second of five generations of Monros who achieved eminence as mad-doctors of whom four held this office in succession; owner of Brooke House, Hackney which was in continuous use as a private asylum from 1759 until destroyed by bombing in 1940

Remarks on Dr Battie's treatise on madness, 1758 *London, Clarke* (pp. [iv]+60) pp. 3-4, 6-7, 15, 20, 48-52

REMARKS

ON

Dr BATTIE'S Treatiſe on Madneſs,

BY

JOHN MONRO, *M.D.*

Fellow of the College of Phyſicians, *London*;

AND

Phyſician to *Bethlem-Hoſpital.*

O Major, tandem parcas, Inſane, minori.
Horat. Lib. ii. Sermon. 3.

LONDON:
Printed for JOHN CLARKE, under the *Royal-Exchange.*
MDCCLVIII.
[Price One Shilling.]

FIG. 79 Title-page of the first work on insanity by a physician of Bethlem Hospital, 1758.

Although Battie had mentioned no names he clearly laid the blame for the backwardness of psychiatric theory and practice on Bethlem Hospital with its monopoly of the insane and its 'few select Physicians, most of whom thought it adviseable to keep the cases as well as the patients to themselves' – remarks obviously aimed at James Monro who held office from 1728 until his death in 1752 and his son John who succeeded him, for never communicating their knowledge and experience in print, while at the same time refusing to take pupils or teach other physicians the 'mad business' (yet opening the hospital to the 'impertinent curiosity' of sightseers at a penny a time). John Monro was stung into an immediate reply and his *Remarks* was the first publication on insanity from Bethlem where there had been physicians for two hundred years. In a mixture of wounded pride and satire, a foretaste of which was the Horatian motto on the title page '*O Major, tandem parcas, Insane, minori*' (O greater madman pray have mercy on a lesser one), Monro countered Battie's strictures by categorically stating that the subject was incapable

of advancement: 'Madness is a distemper of such a nature, that very little of real use can be said concerning it . . . My own inclination would never have led me to appear in print; but it was thought necessary for me, in my situation, to say something in answer to the undeserved censures, which Dr. Battie has thrown upon my predecessors'. He was particularly perturbed by Battie's attempt to differentiate madness into various kinds and by his attack on standard treatments like blood-letting as 'no less destructive than a sword' and for calling 'such an efficacious remedy' as vomiting a 'shocking operation'. In contrast to Battie who considered madness a disease of the imagination and so opened up the possibility of psychological understanding, Monro believed it was due to 'a vitiated judgment', an attitude which justified coercion, restraints and physical treatments.

The controversy seems to have been widely publicised at the time and further stimulated interest in this neglected field. Tobias Smollett, MD, in *The Critical Review* (1757, vol. 4, p. 509; 1758, vol. 5, p. 224) gave detailed analyses of both books and commended these 'rivals in fame' for having conducted 'the contest . . . with spirit and decorum, free from personal abuse, and abounding with matter of real utility'. Incidentally Smollett obtained from these two books much information on the theory and practice of madness for his novel *Sir Launcelot Greaves* (first published in monthly parts in *The British Magazine* from January 1760 to December 1761), and indeed plagiarised whole passages from them.

It appears that whatever animosity was aroused between Battie and Monro did not last. They sat together on many committees at Bethlem Hospital, where Battie was a governor, gave substantially the same evidence before the Parliamentary Committee of 1763 and apparently consulted together in difficult cases. When a former patient called Wood sued Monro for illegal detention in a madhouse on the grounds that he had never been insane and was about to win his case, Battie arrived in court and by judicious questioning made the patient unfold his delusional system and so saved his colleague. This case was often quoted in legal texts, as by Lord Erskine in Hadfield's defence in 1800, to show that delusions, the hallmark of insanity may be concealed under ordinary cross

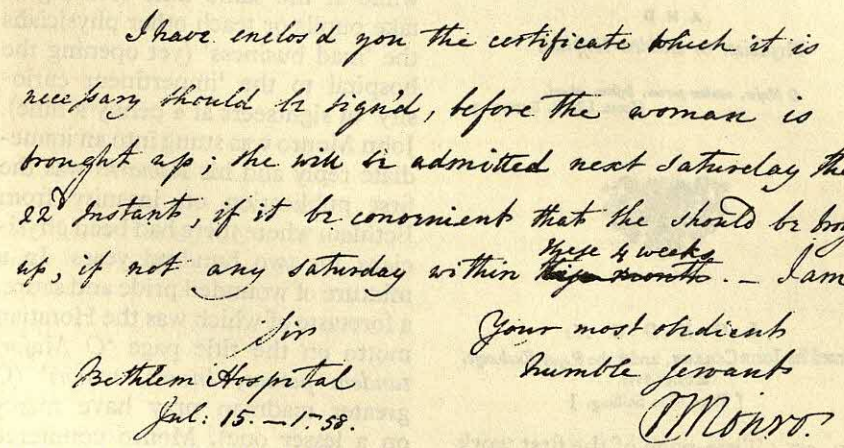

I have enclos'd you the certificate which it is
necessary should be sign'd, before the woman is
brought up; the wife is admitted next Saturday the
22d instant, if it be convenient that she should be brought
up, if not any saturday within three 4 weeks three months. — I am
Sir
Your most obedient
humble servant
Bethlem Hospital
Jul: 15. — 1758.
Monro.

FIG. 80 Letter by John Monro authorising admission of a patient to Bethlem Hospital, 1758 (*British Museum*, Sloane MS. 4314/552).

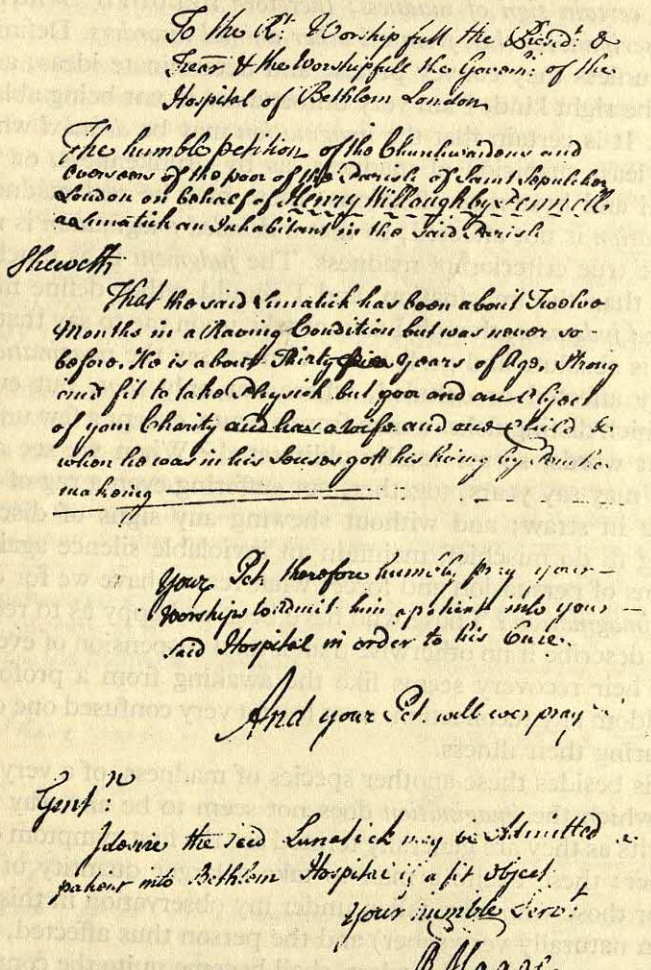
examination but be brought out by expert psychiatric interviewing. It remains to add that Monro was the first of the many psychiatrists called to George III at the beginning of his attack of insanity in 1788.

REMARKS ON DR. BATTIE'S TREATISE

The author's definition of madness, as well as I can collect it, is this; *the perception of objects not really existing, or not really corresponding to the senses,* is a *certain sign of madness; therefore* DELUDED IMAGINATION *precisely discriminates this, from all other animal disorders.* Definitions are of no use, unless they convey precise and determinate ideas; and if this be one of the right kind, I am very unfortunate in not being able to comprehend it. It is certain that the *imagination* may be *deluded* where there is not the least suspicion of madness, as by drunkenness, or by hypochondriacal and hysterical affections; there may be real madness where the *imagination* is not affected; so that a *deluded imagination* is not in my opinion the true criterion of madness. The *judgment* is as much or more concerned than the imagination, and I should rather define madness to be a *vitiated judgment*, though I cannot take upon me to say that even this definition is absolute and perfect . . . Can we say the *imagination* is more *particularly* affected or deluded, where not only *that*, but every other quality, which distinguishes a man from a brute, except a few unconnected incohærent words, seems totally obliterated? When we see a man for months (I may say years) together, not suffering even a rag of cloaths on him, lying in straw; and without shewing any signs of discontent, or attempting to do mischief, maintain an inviolable silence against all the applications of persuasion and force; what reason have we for calling this a *deluded imagination*? Those who have been so happy as to recover from this state, describe it no otherwise than a total suspension of every rational faculty. Their recovery seems like the awaking from a profound sleep, having seldom any recollection, or at least a very confused one of what has passed during their illness.

There is besides these another species of madness, of a very dangerous kind, in which the *imagination* does not seem to be any way concerned. High spirits as they are generally termed are the first symptom of this kind of disorder; these excite a man to take a larger quantity of wine than usual, (for those who have fallen under my observation in this particular, have been naturally very sober) and the person thus affected, from being abstemious, reserved, and modest, shall become quite the contrary; drink freely, talk boldly, obscenely, swear, sit up till midnight, sleep little, rise suddenly from bed, go out a hunting, return again immediately, set all his servants to work, and employ five times the number that is necessary; in short, every thing he says or does, betrays the most violent agitation of mind, which it is not in his power to correct; and yet in the midst of all this hurry he will not misplace one word, or give the least reason for any one to think he *imagines* things to exist, that really do not, or that they

appear to him different from what they do to other people: they who see him but seldom, admire his vivacity, are pleased with his sallies of wit, and the sagacity of his remarks; nay his own family are with difficulty persuaded to take proper care of him, until it becomes absolutely necessary from the apparent ruin of his health and fortune. Nobody can doubt that this is real madness, and yet it is giving a very unsatisfactory account of the thing, to call it a *deluded imagination* . . .


To the Rt. Worship full the Lieut. & Tear & the Worshipfull the Govern: of the Hospital of Bethlem London

The humble petition of the Churchwardens and Overseers of the poor of the Parish of Saint Sepulchre London on behalf of Henry Willaugh by trade a Lunatick an Inhabitant in the said Parish

Sheweth

That the said Lunatick has been about Twelve Months in a Raving Condition but was never so before. He is about Thirty five Years of Age, Strong and fit to take Physick but poor and an Object of your Charity and has a Wife and one Child & when he was in his Senses got his living by Shoe making

Your Pet therefore humbly pray your Worships to admit him a patient into your said Hospital in order to his Cure.

And your Pet will ever pray &c

Gent:

I desire the said Lunatick may be Admitted a patient into Bethlem Hospital if a fit Object

your humble Serv:t

R Hoare

FIG. 81 Form of petition to the Governors of Bethlem Hospital by the Churchwardens and Overseers of the Poor (of the Parish of Saint Sepulchre, London) 'on behalf of . . . a Lunatick' praying his admission 'in order to his Cure', he being 'Strong and fit to take Physick', approved by 'R. Hoare', 1755 (*The London County Record Office*, St Sepulchre's Parish Records). To qualify for admission to Bethlem or St Luke's patients had to be free from other disease and fit to undergo the ordeal of antimaniacal treatment (unless they were entered on the incurable list).

As the discovery of new diseases enlarges the province of the physician, the Faculty are under great obligations to the author of the *Treatise on Madness* who has furnished them with no less than two in one section.

The *anxiety* often observed in fevers and other disorders is very well known; but this cannot be what is here meant: I presume restlessness and inquietude, not uncommon symptoms at the beginning of madness, may be intended. How *anxiety* in any shape should be *mistaken* for madness is to me unaccountable, nor did I ever meet with such a notion but in this treatise . . .

Of what use it may hereafter prove to have thus divided madness into *original* and *consequential* is not my business to enquire at present. The first of these is entirely the doctor's invention it never having been mentioned by any writer, or observed by any physician . . . The manner indeed of ranging madness under several *causes* is new, but will not, I fear, be of any great use . . .

Notwithstanding we are told in this *treatise*, that madness rejects all general methods, I will venture to say, that the most adequate and constant cure of it is by evacuation; which can alone be determined by the constitution of the patient and the judgment of the physician. The evacuation by *vomiting* is infinitely preferable to any other, if repeated experience is to

WHEREAS Henry Willoughby Bennett of the Parish of St Sepulchre London being Lunatick, is by the Governors of the Hospital of *Bethlem, London*, at the special Instance and Request of the above bound John Shepherd and Richard Snagg taken into the said Hospital; there to remain until it shall please God, he shall be recovered into his former Senses, or until the President, Treasurer, or three of the Governors of the said Hospital shall Order him to be thence Discharged. Therefore *The Condition* of this Obligation is such, that if the said John Shepherd and Richard Snagg or either of them, their or either of their Heirs, Executors, or Administrators *DO* and shall take provide for, and receive again the said Henry Willoughby Bennett at such Time as the President, Treasurer, or any three of the Governors of the said Hospital shall Order him to be thence Discharged. *And* during his Continuance in the said Hospital, do and shall find, Provide or pay for, all manner of necessary and sufficient Apparel and Bedding for the said Henry Willoughby Bennett *And* also in Case of the Death of the said Henry Willoughby Bennett do and shall pay the Charge of Burial, and Indemnify the said Hospital, and the Governors thereof, and their Stock and Fund from any Damage or Charge that shall or may arise thereby. *And* in Case the said John Shepherd and Richard Snagg or one of them do not remove and take away the said Henry Willoughby Bennett at such Time as by the President Treasurer, or any three of the Governors of the said Hospital for the Time being, he shall be Ordered to be thence Discharged. *Then* if the said John Shepherd and Richard Snagg or either of them, their or either of their Heirs, Executors, or Administrators, do and shall well and truly pay or cause to be paid unto the Treasurer of the said Hospital, for the Time being, the Sum of Twenty Shillings Sterling Money Weekly, on the *Saturday* in every Week. for so long Time as the said Henry Willoughby Bennett shall remain in the said Hospital, after he shall be Ordered to be thence Discharged as aforesaid. *And* shall also pay or cause to be paid unto the Surgeon of the said Hospital, all such Money as shall be due unto him, or as he shall reasonably require for the Cure of any Wound which the said Henry Willoughby Bennett had on his Body at the Time he was received into the said Hospital, *Then* this Obligation shall be void. *But* if breach shall be made in any of the Clauses aforesaid, the same shall remain in full Force.

FIG. 82 The bond 'two Housekeepers within the Bills of Mortality' had to enter into for a patient admitted to Bethlem Hospital to 'Provide or pay for all manner of necessary and sufficient Apparel and Bedding', in case of death to 'pay the Charge of Burial', to remove him when discharged and to pay any surgeon's fees incurred, 1755 (*The London County Record Office*, St Sepulchre's Parish Records).

be depended on; and I should be very sorry to find any one frightened from the use of such an efficacious remedy by it's being called a *shocking operation, the consequence of a morbid convulsion.* I never saw or heard of the bad effect of vomits, in my practice; nor can I suppose any mischief to happen, but from their being injudiciously administered; or when they are given too strong, or the person who orders them is too much *afraid of the lancet.*

The prodigious quantity of phlegm, with which those abound who are troubled with this complaint, is not to be got the better of but by repeated *vomits*; and we very often find, that *purges* have not their right effect, or do not operate to so good purpose, until the phlegm is broken and attenuated by frequent *emeticks.* Why should we endeavour to give the world a shocking opinion of a remedy, that is not only safe, but greatly useful both in this and many other distempers? however, to obviate the apprehensions, that may be conceived from such an account, it would be worth while to peruse some cases related by Dr. *Bryan Robinson*, who does not seem to have been at all alarmed at this *shocking operation*, which, he tells us, he has prescribed for a whole year together, sometimes once a day, sometimes twice, and that with the greatest success . . . *Bleeding* and *purging* are both requisite in the cure of madness . . . Issues between the shoulders, have been often of great service in the removal of this distemper; cold bathing likewise has in general an excellent effect, but as it is sometimes apt to hurry the spirits, it is not to be prescribed indiscriminately to every one.

SAMUEL JOHNSON (1709–1784)

Man of letters

The Prince of Abissinia [*Rasselas*], 1759 *London, Dodsley & Johnston* 2 vols Vol. 2, pp. 115-9, 141-2

Johnson, a melancholic and hypochondriac all his life who exhibited the common yet paradoxical combination of being sick of life and afraid of death, had deep insight into troubles of mind and penned observations – many of them self-observations – which would do credit to a modern psychiatrist. Feeling often on the brink of madness he contemplated the relation of imagination and reason and saw in the balance between the two the bridge between normal and abnormal mentation. Since by this token the sane were clearly not rational all the time he made the mad appear less irrational and more understandable. Himself particularly troubled with 'a dread of guilt' he gave a sound explanation why delusions of guilt with religious colouring are so difficult to abandon, that is to cure: 'fancy and conscience then act interchangeably upon us' so that 'the illusions of one are not distinguished from the dictates of the other'. His profound remark that 'the superstitious are often melancholy, and the melancholy almost always superstitious' showed that he knew the depressed live in anticipation of misfortune and punishment which by the magic of superstition they attempt to avert. Johnson might have said the same of obsessions and compulsions, with which he was also plagued, because their ritual is also motivated by an urge to ward off or control the dreaded.

THE UNCERTAIN CONTINUANCE OF REASON

Of the uncertainties of our present state, the most dreadful and alarming is the uncertain continuance of reason . . . Disorders of intellect . . . happen much more often than superficial observers will easily believe. Perhaps, if we speak with rigorous exactness, no human mind is in its right state. There is no man whose imagination does not sometimes predominate over his reason, who can regulate this attention wholly by his will, and whose ideas will come and go at his command. No man will be found in whose mind airy notions do not sometimes tyrannise, and force him to hope or fear beyond the limits of sober probability. All power of fancy over reason is a degree of insanity; but while this power is such as we can controll and repress, it is not visible to others, nor considered as any depravation of the mental faculties: it is not pronounced madness but when it comes ungovernable, and apparently influences speech or action.

To indulge the power of fiction, and send imagination out upon the wing, is often the sport of those who delight too much in silent speculation. When we are alone we are not always busy; the labour of excogitation is too violent to last long; the ardour of enquiry will sometimes give way to idleness or satiety. He who has nothing external that can divert him, must find pleasure in his own thoughts, and must conceive himself what he is not; for who is pleased with what he is? He then expatiates in boundless futurity, and culls from all imaginable conditions that which for the present moment he should most desire, amuses his desires with impossible enjoyments, and confers upon his pride unattainable dominion. The mind dances from scene to scene, unites all pleasures in all combinations, and riots in delights which nature and fortune, with all their bounty, cannot bestow.

In time some particular train of ideas fixes the attention, all other intellectual gratifications are rejected, the mind, in weariness or leisure, recurs constantly to the favourite conception, and feasts on the luscious falsehood whenever she is offended with the bitterness of truth. By degrees the reign of fancy is confirmed; she grows first imperious, and in time despotick. Then fictions begin to operate as realities, false opinions fasten upon the mind, and life passes in dreams of rapture or of anguish . . .

No disease of the imagination . . . is so difficult of cure, as that which is complicated with the dread of guilt: fancy and conscience then act interchangeably upon us, and so often shift their places, that the illusions of one are not distinguished from the dictates of the other. If fancy presents images not moral or religious, the mind drives them away when they give it pain, but when melancholick notions take the form of duty, they lay hold on the faculties without opposition, because we are afraid to exclude or banish them. For this reason the superstitious are often melancholy, and the melancholy almost always superstitious.

The Caſe of Incurable Lunaticks, and the Charity due to them, particularly recommended.

A

SERMON

Preached before the Right Honourable the

LORD MAYOR,

THE

COURT of ALDERMEN,

THE

SHERIFFS,

AND THE

GOVERNORS of the ſeveral HOSPITALS of the CITY of LONDON,

At the PARISH-CHURCH of ST. BRIDGET,

On WEDNESDAY in EASTER WEEK, 1759.

By JAMES IBBETSON, D.D.
Archdeacon of ST. ALBAN's.

LONDON,
Printed for J. WHISTON and B. WHITE, in *Fleet-Street*.
M DCC LIX.

FIG. 83 'Spital Sermon' in which 'The Case of Incurable Lunaticks' was 'particularly recommended' as an object of charity to the citizens of London, 1759.

JOHN WESLEY (1703–1791)

Founder of Methodism

1. *The desideratum: or, electricity made plain and useful. By a lover of mankind, and of common sense,* [1760] *London, Flexney* pp. iii-vi

2. *The journal of the Rev. John Wesley* Edited by N. Curnock *London, Kelly* [1909-16] Vol. 2, pp. 385-6; vol. 4, p. 313

Wesley's dedication to the spiritual welfare of the people was supplemented by his concern for their physical health. His widely read and frequently reprinted *Primitive physick* (1747) provided homely remedies within the reach of all; *The family physician* (1769) laid down rules of health and hygiene; and *The desideratum* was written to popularise what he considered the cheapest, safest, and most successful treatment for 'nervous Cases of every Kind', namely electricity. On 9 November 1756 he recorded 'Having procured an apparatus on purpose, I ordered several persons to be electrified . . . some of whom found an immediate, some a gradual, cure . . . Two or three years after, our patients were so numerous that we were obliged to divide them; so part were electrified in Southwark, part at the Foundary, others near St. Paul's, and the rest near the Seven Dials . . . and to this day, while hundreds, perhaps thousands, have received unspeakable good, I have not known one man, woman, or child, who has received any hurt thereby'. Wesley's concern that electrical treatment might go 'out of Use' like so many other fashionable treatments was unfounded as modern psychiatric history shows.

His journal entry for 17 September 1740 pictures a psychiatric consultation by the leading 'mad-doctor' of the day, James Monro, physician to Bethlem Hospital. After looking at the patient's tongue to ascertain the state of his bodily health and particularly whether he was suffering from a febrile delirium, a phrenzy, or mania, Monro turned him over to his apothecary or general practitioner for treatment according to his prescription. After six weeks of this when he was so weak 'he could not stand alone' the boy's mother dismissed the apothecary and decided to 'let him be "beside himself" in peace'. Complaint of like treatment of another patient was the subject of a letter from Wesley's mother Susannah, illustrated in FIG. 85. At this time the religious fervour induced by some prominent non-conformist preachers as the Reverend George Whitefield was widely believed to cause mental derangement and the exhibition or religious ardour – 'proof of . . . a right Mind' to the faithful – became a sign of 'madness' to doctors.

The entry for 12 May 1759 drawing attention to the part played by psychological factors in causing persisting aches and pains might have been written today. It contains the valuable advice that in such cases the physician ought to

enquire specifically for emotional upsets because frequently the patient herself is unaware of any connection and so could or 'would never have told had she never been questioned about it'.

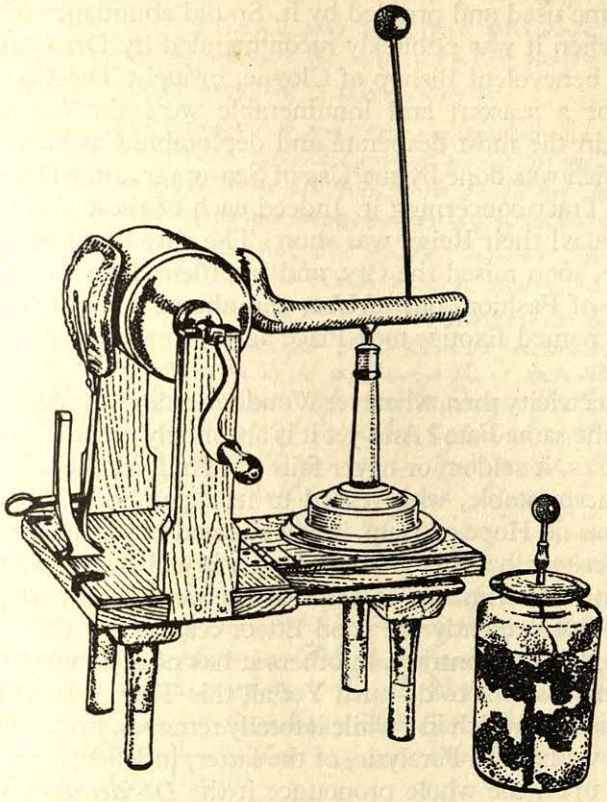


FIG. 84 John Wesley's electrical treatment machine, 1756 (*Wesley Museum*, London).

ELECTRICAL TREATMENT

In the following Tract, I have endeavoured to comprize the Sum of what has been hitherto published, on this curious and important Subject, by Mr. Franklin, Dr. Hoadley, Mr. Wilson, Watson, Lovett, Freke, Martin, Watkins, and in the *Monthly Magazines*. But I am chiefly indebted to Mr. Franklin for the speculative Part, and to Mr. Lovett, for the practical: Tho' I cannot in every Thing subscribe to the Sentiments either of one or the other . . .

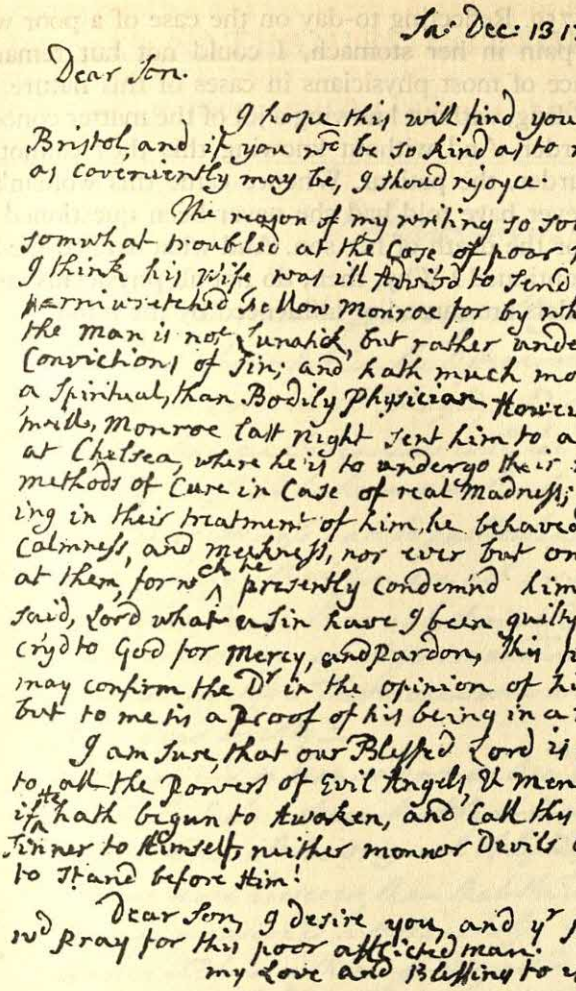
How much Sickness and Pain may be prevented or removed, and how many Lives saved by this unparallel'd Remedy. And yet with what Vehemence has it been opposed ? Sometimes by treating it with Contempt, as if it were of little or no Use: Sometimes by Arguments, such as they were; and sometimes by such Cautions against it's ill Effects, as made

thousands afraid to meddle with it. But so it has fared with almost all the simple Remedies, which have been offered to the World for many Years. When Sir John Floyer published his excellent Book on Cold-bathing, many for a Time used and profited by it. So did abundance of People by Cold Water, when it was publickly recommended by Dr. Hancock. The ingenious and benevolent Bishop of Cloyne, brought Tar-Water likewise into Credit for a season; and innumerable were the Cures wrought thereby, even in the most desperate and deplorable Cases. Nor was it a little Good which was done by the Use of Sea-water, after Dr. Russel had published his Tract concerning it. Indeed each of these did Wonders in it's turn. But alas! their Reign was short. The vast Party which were on the other Side, soon raised the Cry, and ran them down. In a few Years they were out of Fashion, out of Use, and almost out of Memory: And the foul, hard named Exotics took Place again, to the utter Confusion of Common Sense.

Must not Electricity then, whatever Wonders it may now perform, expect soon to share the same Fate ? And yet it is absolutely certain, that in many, very many Cases, it seldom or never fails . . . And yet there is something peculiarly unaccountable, with regard to its Operation. In some Cases, where there was no Hope of Help, it will succeed beyond all Expectation. In others, where we had the greatest Hope, it will have no Effect at all. Again, in some Experiments, it helps at the very first, and promises a speedy Cure: But presently the good Effect ceases, and the Patient is as he was before. On the contrary, in others it has no Effect at first: It does no good; perhaps seems to do hurt. Yet all this Time it is striking at the Root of the Disease, which in a while it totally removes. Frequent Instances of the former we have in Paralytic, of the latter, in Rheumatic Cases. But still one may upon the whole pronounce it the *Desideratum*, the general and rarely failing Remedy, in nervous Cases of every Kind (Palsies excepted); as well as in many others.

CONSULTATION WITH DR. MONRO

Wednesday, 17 September 1740. A poore woman gave me an account of what, I think, ought never to be forgotten. It was four years, she said, since her son, Peter Shaw, then nineteen or twenty years old, by hearing a sermon of Mr. Wheatley's, fell into great uneasiness. She thought he was ill, and would have sent for a physician; but he said, 'No, no. Send for Mr. Wheatley'. He was sent for, and came; and, after asking her a few questions, told her, 'The boy is mad. Get a coach, and carry him to Dr. Monro. Use my name. I have sent several such to him'. Accordingly, she got a coach, and went with him immediately to Dr. Monro's house. When the doctor came in, the young man rose and said, 'Sir, Mr. Wheatley has sent me to you'. The doctor asked, 'Is Mr. Wheatley your minister ?' and bid him put out his tongue. Then, without asking any questions, he



Ja: Dec: 13 1745

Dear Son.

I hope this will find you safe at Bristol, and if you will be so kind as to write as soon as conveniently may be, I shall rejoice.

The reason of my writing so soon is, I'm somewhat troubled at the Case of poor Mr MacCune I think his wife was ill advised to send for that parti wretched Fellow Monroe for by what I hear, the man is not Lunatick, but rather under strong Convictions of Sin, and hath much more need of a Spiritual, than Bodily Physician However be it so Wells, Monroe last night sent him to a Mad-House at Chelsea, where he is to undergo their usual methods of Cure in Case of real Madness; notwithstanding in their treatment of him, he behaved with great Calmness, and Meekness, nor ever but once swore at them, for which he presently condemnd himself. and said, Lord what a Sin have I been guilty of, and cryd to God for Mercy, and Pardon, this probably may confirm the D^r in the opinion of his madness but to me is a proof of his being in a right mind.

I am sure, that our Blessed Lord is Superiour to all the Powers of Evil Angels, & men, and that if he hath begun to awaken, and Call this poor Sinner to himself, neither monnor Devils can be able to stand before him!

Dear Sons, I desire you, and y^r Brother will pray for this poor afflicted man.

my Love and Blessing to ye Both.

FIG. 85 Letter from Susannah Wesley to her son John about 'poor Mr. MacCune' who she thought had 'more need of a Spiritual, than Bodily Physician', but who was under the care of 'that wretched Fellow Monroe' in 'a Mad-House at Chelsea', 1746 (*Methodist Church*, London, Colman Collection).

told his mother: 'Choose your apothecary, and I will prescribe'. According to his prescriptions they, the next day, blooded him largely, confined him to a dark room, and put a strong blister on each of his arms, with another over all his head. But still he was as 'mad' as before, praying or singing, or giving thanks continually; of which having laboured to cure him for six weeks in vain, though he was now so weak he could not stand alone, his mother dismissed the doctor and apothecary, and let him be 'beside himself' in peace.

Saturday, 12 May 1759. Reflecting to-day on the case of a poor woman who had continual pain in her stomach, I could not but remark the inexcusable negligence of most physicians in cases of this nature. They prescribe drug upon drug, without knowing a jot of the matter concerning the root of the disorder. And without knowing this they cannot cure, though they can murder, the patient. Whence came this woman's pain (which she would never have told had she never been questioned about it)? From fretting for the death of her son. And what availed medicines while that fretting continued? Why, then, do not all physicians consider how far bodily disorders are caused or influenced by the mind?

St Albans June 5. 1761

Dear Sir I receiv'd your very obliging Letter. This Day about two in the Afternoon Miss Needham arriv'd at Alleagh, and this Evening I have had an Interview with her Brother. He tells me, that he knows no Cause, to which his Sister's Illness can be particularly ascribed, and I observe that You are not aware of any other Cause than an hysterical Constitution.

The Terms are what You mention - viz 3 Guineas weekly - There are some who pay 5 Guineas weekly —

I am griev'd to hear so poor an Acc.t of Mr Shaw. But truly I do not recollect that he ever acquainted me w.th the original of his Disorder - nothing more however, than that the Death of his Wife occasioned a Melancholy, which terminated in a thorough Disgust of all Company, and shutting himself up in his own Room. But methinks you refer to some other Cause — I beg my Compliments to all our good Friends at Leicester, and am

Dear Sir
your very humble Servant
J Cotton

FIG. 86 Letter from Nathaniel Cotton (1705–1788), MD Leyden, physician and poet of St Albans, Hertfordshire to Richard Pulteney (1730–1801), MD Edin., LRCP., fellow dissenter, physician and botanist of Leicester, discussing two patients and the causes of their breakdowns and mentioning that the weekly charge for patients in his house was three or five guineas, 1761 (*Linnean Society*, London, Pulteney MSS.).

Cotton owned the private madhouse dubbed 'The College' or 'Collegium Insanorum' (after which College Street, St Albans is named) and there the poet William Cowper was confined during his first breakdown 1763–5 (described in *Memoir of the early life of William Cowper, Esq. written by himself*, 1816). Although neither of Cotton's two published medical works was specifically psychiatric, in *Observations on a particular kind of Scarlet Fever, that lately prevailed in and about St. Alban's*, 1749 he drew attention to severe post-infectious 'dejection of spirits', a sequel of debilitating fevers today well recognised as a cause of lassitude and depression as for instance following influenza.

BETHLEM HOSPITAL

Committee Books, 1764-79 (*King Edward School, Surrey*, Bethlem Hospital MSS.)

Printed books give a theoretical often idealised version of insanity and its treatment from which practice may greatly differ, and therefore a few brief excerpts are given from *Bethlem Hospital Committee Books* to illustrate psychiatry from the inside as it were. They show how great a disturbance was created by the influx of casual sightseers despite attempts to limit the merely curious and idle, necessitating the calling in of 'four Constables' as well as an extra 'four stout fellows' to control the crowds and the teased patients during festive seasons; the poor hygienic conditions; the amount of restraint prevailing and how an escapee was pursued by the hospital staff who were later forced to bear the expense of 'retaking . . . such patient' which must have acted as a stimulus for still more restraint. The medical staff apparently did not examine patients since the 'Basket Man or Gallery Maid' were ordered not only to strip and examine them on admission and discharge but also to report on 'the Feet of every Patient in Chains or Straw'.

THE HOSPITAL FROM THE INSIDE

21 April 1764. Mr. President acquainted this Committee that great riots and disorders have been committed in this Hospital during the holidays at Christmas, Easter and Whitsuntide. It is ordered that the Stewards do provide four Constables and also four stout fellows as assistants who are to be placed in the galleries, one Constable and one assistant in each gallery, in order to suppress any riots or disorders that might happen on Monday or Tuesday in next week.

12 Jan. 1765. It is ordered that the Steward do give Mr. William Dodd, the Basketman, 10-6 for his troubles and care in going to Hampstead to retake James Foster who is a patient in this Hospital and had broke out and that the Steward do likewise give William Spur and Thomas Thurley two patients in this Hospital 2-6 apiece for assisting Dodd.

20 June 1767. It is ordered that for the future no patient in this Hospital be permitted to have in his cell any box with a lock or key and that the Basketman and Gallery maids do immediately diligently search all the patients and their cells for any razors pen knives or other offensive instruments of that kind and that they do secure the same to prevent the patients doing any mischief to themselves or others therewith.

Ordered,
That no Knives
of any kind
the Patients

or Instruments
to be delivered to
of this Hospital.

Admit Mr. and three
others to View Bethlem Hospital, only
on Mondays or Wednesdays, between the Hours
of Ten and Twelve o'Clock in the forenoon

NB The Servants of the Hospital
are forbid to accept any Money
on pain of being Dismiss'd.

BRITISH MUSEUM BANKS COLLECTION

J. 9 - 310

1794

23/4/74

London 16/2 1858

Allow Mr. Thos. Price & Friend

to view the **ROYAL HOSPITAL of BETHLEM,**

between the hours of 11 and 3 o'Clock.

J. Sharman

Treasurer.

To the Stewards of
Bethlem Hospitals.

This order is available only on Tuesday,
Wednesday, Thursday & Friday.

FIGS. 87 & 88 Tickets to view Bethlem Hospital, 1794 (*British Museum*) and 1858.

19 Oct. 1771. It appearing to this Committee that many of the patients belonging to this Hospital have at different times made their escape, through the negligence or inattention of the servants, it is ordered that for the future if any patient shall escape through the neglect or want of care of the servants that the whole expence attending the retaking and recovering such patient, shall be paid by the Steward and by him deducted out of the salary belonging to the Basketman or Gallery maid under whose care such patient happened to be.

21 Dec. 1771. It is ordered that every man who has been a patient in this Hospital and is discharged from it either sick or incurable, shall, previous to his being taken away from the house, be stripped and examined by the Basketman to whose care he has been entrusted to see that he be sent out from the Hospital clean and free from vermin. And in likewise manner every woman patient.

17. Jan. 1778. It is the Opinion of this Committee that the Feet of every Patient in Chains or Straw be carefully examin'd, well rubb'd and covered with Flannel by the respective Basket Man or Gallery Maid every Night and Morning during the Winter Season and if necessary that immediate Notice be given to the Surgeon.

19 September 1778. It appearing to this Committee that patients brought to this Hospital are frequently afflicted with wounds and sores of which their friends neglect to call notice it is ordered that every patient on his or her admission be stripped and examined by the respective Gallery man or maid in the presence of their friends and if necessary that the Surgeon of the Hospital have immediate information.

22 May 1779. It is ordered that no Knives or Instruments of any kind be Delivered to the Patients in this Hospital and that those words be Engraved at the Top of the Tickets for Viewing the Hospital also at the Top of the Tickets delivered to the Securities.

This Committee being informed by the Steward that great numbers of persons are admitted on Mondays and Wednesdays on tickets signed by Governors whereby irregularitys and inconveniencys have happened it is therefore ordered that the words 'and 3 friends' be inserted in each ticket in order to restrain the number to be admitted by such tickets to 4.

THOMAS BOWEN

HISTORICAL ACCOUNT OF BETHLEM HOSPITAL, 1784

A N

HISTORICAL ACCOUNT

OF THE

Origin, Progreſs, and Preſent State

OF

BETHLEM HOSPITAL,

Founded by HENRY the EIGHTH,

FOR THE

CURE of LUNATICS,

AND

Enlarged by ſubſequent Benefactors, for the Reception and Maintenance

OF

INCURABLES.

LONDON:

PRINTED IN THE YEAR,

M.DCC.LXXXIV.

FIG. 89 Title-page of a 16 page pamphlet published in 1784 by Thomas Bowen (1749–1800), MA Oxon, 'Reader and Schoolmaster' to Bridewell.

This pamphlet was written as an appeal for funds for Bethlem Hospital and a copy was sent to every peer of the realm, every member of parliament, every banker and other influential person, and Bowen was rewarded by being elected a governor of the joint foundation and later chaplain. Despite its title it was less a history than a eulogy of the hospital's facilities, staff and work: 'such is the comfortable subsistence, kind treatment, and able medical aid, which the patients here meet with, that many . . . have declared, that if ever God should be pleased to visit them with insanity, Bethlem Hospital is the place into which they would wish to be admitted'. A very different picture emerges from the manuscript Committee Books of Bethlem Hospital and an even worse one from the evidence given to the House of Commons Committee, 1815/6.

THOMAS REID (1710–1796)

DD Aberdeen, professor of philosophy, University of Aberdeen; later professor of moral philosophy, University of Glasgow

An inquiry into the human mind, on the principles of common sense, 1764 *Edinburgh, Millar* et al. pp. 5-7, 9-13

Before Reid philosophical studies of the mind were mostly theoretical disputations on the 'soul' as it thinks, feels and moves – which later became the physiology of the senses and motion –, the three faculties imagination, reason and memory, and the origin and combination of passions and ideas. Instead Reid proposed direct study of mind in action by introspection and 'analysis' applying the method of observation and induction which Bentham (1817) called 'psychological dynamics' and which today is dynamic psychology. Nothing shows better the peculiar handicap of the study of mind – the psychiatrist's raw material – than that the scientific method was introduced to it 150 years later than into the natural sciences; not to mention the experimental method which came yet another 100 years after that. This historical fact alone goes far to account for the leeway psychiatry has still to make up compared with other branches of medicine.

'I claim no other merit' wrote Reid in the preface 'than that of having given great attention to the operation of my own mind . . . [which] enabled me . . . to give more minute attention to the subject of this inquiry, than has been given before'. By the method of 'analysis' he foresaw there would accrue an 'anatomy . . . of the mind as indispensable as that of the body' which to be complete required 'a distinct and full history of all that hath passed in the mind of a child from the beginning of life and sensation'. This would constitute 'a treasure of natural history' more valuable than 'all the systems of philosophers'. Only since the work of Freud have these two approaches been sufficiently recognised and developed to aid, in whatever modest degree still, the modern psychological understanding of the mentally ill.

ANATOMY OF THE MIND

All that we know of the body, is owing to anatomical dissection and observation, and it must be by an anatomy of the mind that we can discover its powers and principles. But it must be acknowledged, that this kind of anatomy is much more difficult than the other . . . and to the bulk of mankind is next to impossible. An anatomist who hath happy opportunities, may have access to examine with his own eyes, and with equal accuracy, bodies of all different ages, sexes, and conditions; so that what

is defective, obscure, or preternatural in one, may be discerned clearly, and in its most perfect state in another. But the anatomist of the mind cannot have the same advantage. It is his own mind only that he can examine with any degree of accuracy and distinctness. This is the only subject he can look into. He may from outward signs collect the operations of other minds; but these signs are for the most part ambiguous, and must be interpreted by what he perceives within himself.

So that if a philosopher could delineate to us distinctly and methodically all the operations of the thinking principle within him, which no man was ever able to do, this would be only the anatomy of one particular subject; which would be both deficient and erroneous, if applied to human nature in general. For a little reflection may satisfy us, that the difference of minds is greater than that of any other beings, which we consider as of the same species.

Of the various powers and faculties we possess, there are some which nature seems both to have planted and reared, so as to have left nothing to human industry. Such are the powers which we have in common with the brutes, and which are necessary to the preservation of the individual, or the continuance of the kind. There are other powers, of which nature hath only planted the seeds in our minds, but hath left the rearing of them to human culture. It is by the proper culture of these, that we are capable of all those improvements in intellectuals, in taste, and in morals, which exalt and dignify human nature; while, on the other hand, the neglect or perversion of them makes its degeneracy and corruption . . .

The language of philosophers with regard to the original faculties of the mind, is so adapted to the prevailing system, that it cannot fit any other; like a coat that fits the man for whom it was made, and shows him to advantage, which yet will fit very aukward upon one of a different make, although perhaps as handsome and as well proportioned. It is hardly possible to make any innovation in our philosophy concerning the mind and its operations, without using new words and phrases, or giving a different meaning to those that are received; a liberty which, even when necessary, creates prejudice and misconstruction, and which must wait the sanction of time to authorise it. For innovations in language, like those in religion and government, are always suspected and disliked by the many, till use hath made them familiar, and prescription hath given them a title.

If the original perceptions and notions of the mind were to make their appearance single and unmixed, as we first received them from the hand of nature, one accustomed to reflection would have less difficulty in tracing them; but before we are capable of reflection, they are so mixed, compounded, and decompounded, by habits, associations, and abstractions, that it is hard to know what they were originally. The mind may in this respect be compared to an apothecary or chymist; whose materials indeed are furnished by nature; but for the purposes of his art, he mixes,

compounds, dissolves, evaporates, and sublimes them, till they put on a quite different appearance; so that it is very difficult to know what they were at first, and much more to bring them back to their original and natural form. And this work of the mind is not carried on by deliberate acts of mature reason, which we might recollect, but by means of instincts, habits, associations, and other principles, which operate before we come to the use of reason; so that it is extremely difficult for the mind to return upon its own footsteps, and trace back those operations which have employed it since it first began to think and to act.

Could we obtain a distinct and full history of all that hath passed in the mind of a child from the beginning of life and sensation, till it grows up to the use of reason; how its infant faculties began to work, and how they brought forth and ripened all the various notions, opinions, and sentiments, which we find in ourselves when we come to be capable of reflection; this would be a treasure of natural history, which would probably give more light into the human faculties, than all the systems of philosophers about them since the beginning of the world. But it is in vain to wish for what nature has not put within the reach of our power. Reflection, the only instrument by which we can discern the powers of the mind, comes too late to observe the progress of nature in raising them from their infancy to perfection.

It must therefore require great caution, and great application of mind, for a man that is grown up in all the prejudices of education, fashion, and philosophy, to unravel his notions and opinions, till he finds out the simple and original principles of his constitution, of which no account can be given but the will of our maker. This may be truly called an *analysis* of the human faculties; and till this is performed, it is in vain we expect any just system of the mind; that is, an enumeration of the original powers and laws of our constitution, and an explication from them of the various phænomena of human nature.

Success, in an inquiry of this kind, it is not in human power to command; but perhaps it is possible, by caution and humility, to avoid error and delusion. The labyrinth may be too intricate, and the thread too fine, to be traced through all its windings; but if we stop where we can trace it no farther, and secure the ground we have gained, there is no harm done; a quicker eye may in time trace it farther.

SIR WILLIAM BLACKSTONE (1723–1780)

Judge; professor of English law, University of Oxford; Member of Parliament

Commentaries on the laws of England, 1765-9 *Oxford, Clarendon Press*
4 vols Vol. 1, pp. 292-5; vol. 4, pp. 20-6

The law recognised essentially two groups of mentally ill: idiots *a nativitate* and lunatics or *non compos mentis*. These were not medical diagnoses but legal terms for loss of civil capacity and legal responsibility as assessed by jury. Blackstone's classic text on English law surveyed the protection the Crown provided to safeguard their property and the conditions which exempted them from punishment for criminal acts. It appeared at a time of rapidly growing interest in insanity and the welfare of the insane, and its comprehensive and authoritative exposition had far-reaching influence on giving psychiatry status beyond its medico-legal import.

NON COMPOS MENTIS

I proceed therefore to the eighteenth and last branch of the king's ordinary revenue; which consists in the custody of idiots, from whence we shall be naturally led to consider also the custody of lunatics.

An idiot, or natural fool, is one that hath had no understanding from his nativity; and therefore is by law presumed never likely to attain any. For which reason the custody of him and of his lands was formerly vested in the lord of the see; (and therefore still, by special custom, in some manors the lord shall have the ordering of idiot and lunatic copyholders) but, by reason of the manifold abuses of this power by subjects, it was at last provided by common consent, that it should be given to the king, as the general conservator of his people, in order to prevent the idiot from wasting his estate, and reducing himself and his heirs to poverty and distress: This fiscal prerogative of the king is declared in parliament by statute 17 Edw. II. c. 9. which directs (in affirmance of the common law,) that the king shall have ward of the lands of natural fools, taking the profits without waste or destruction, and shall find them necessaries; and after the death of such idiots he shall render the estate to the heirs; in order to prevent such idiots from aliening their lands, and their heirs from being disherited.

By the old common law there is a writ *de idiota inquirendo*, to enquire whether a man be an idiot or not: which must be tried by a jury of twelve men; and if they find him *purus idiota*, the profits of his lands, and the

custody of his person may be granted by the king to some subject, who has interest enough to obtain them . . . Yet few instances can be given of the oppressive exertion of it, since it seldom happens that a jury finds a man an idiot *a nativitate*, but only *non compos mentis* from some particular time; which has an operation very different in point of law.

A man is not an idiot, if he hath any glimmering of reason, so that he can tell his parents, his age, or the like common matters. But a man who is born deaf, dumb, and blind, is looked upon by the law as in the same state with an idiot; he being supposed incapable of understanding, as wanting those senses which furnish the human mind with ideas.

A lunatic, or *non compos mentis*, is one who hath had understanding, but by disease, grief, or other accident hath lost the use of his reason. A lunatic is indeed properly one that hath lucid intervals; sometimes enjoying his senses, and sometimes not, and that frequently depending upon the change of the moon. But under the general name of *non compos mentis* (which sir Edward Coke says is the most legal name) are comprized not only lunatics, but persons under frenzies; or who lose their intellects by disease; those that *grow* deaf, dumb, and blind, not being *born* so; or such, in short, as are by any means rendered incapable of conducting their own affairs. To these also, as well as idiots, the king is guardian, but to a very different purpose. For the law always imagines, that these accidental misfortunes may be removed; and therefore only constitutes the crown a trustee for the unfortunate persons, to protect their property, and to account to them for all profits received, if they recover, or after their decease to their representatives. And therefore it is declared by the statute 17 Edw. II. c.10. that the king shall provide for the custody and sustentation of lunatics, and preserve their lands and the profits of them, for their use, when they come to their right mind: and the king shall take nothing to his own use; and if the parties die in such estate, the residue shall be distributed for their souls by the advice of the ordinary, and of course (by the subsequent amendments of the law of administrations) shall now go to their executors or administrators.

The method of proving a person *non compos* is very similar to that of proving him an idiot. The lord chancellor, to whom, by special authority from the king, the custody of idiots and lunatics is intrusted, upon petition or information, grants a commission in nature of the writ *de idiota inquirendo*, to enquire into the party's state of mind; and if he be found *non compos*, he usually commits the care of his person, with a suitable allowance for his maintenance, to some friend, who is then called his committee. However, to prevent sinister practices, the next heir is never permitted to be this committee of the person; because it is his interest that the party should die. But, it hath been said, there lies not the same objection against his next of kin, provided he is not his heir; for it is his interest to preserve the lunatic's life, in order to increase the personal estate by savings, which he or his family may hereafter be entitled to

enjoy. The heir is generally made the manager or committee of the estate, it being clearly his interest by good management to keep it in condition; accountable however to the court of chancery, and to the *non compos* himself, if he recovers; or otherwise, to his administrators.

CRIMINAL RESPONSIBILITY

Having, in the preceding chapter, considered in general the nature of crimes, and punishments, we are next led, in the order of our distribution, to enquire what persons are, or are not, *capable* of committing crimes . . . for the general rule is, that no person shall be excused from punishment for disobedience to the laws of his country, excepting such as are expressly defined and exempted by the laws themselves. All the several pleas and excuses, which protect the committer of a forbidden act from the punishment which is otherwise annexed thereto, may be reduced to this single consideration, the want or defect of *will*. An involuntary act, as it has no claim to merit, so neither can it induce any guilt: the concurrence of the will, when it has it's choice either to do or to avoid the fact in question, being the only thing that renders human actions either praiseworthy or culpable. Indeed, to make a complete crime, cognizable by human laws, there must be both a will and an act . . .

Now there are three cases, in which the will does not join with the act: 1. Where there is a defect of understanding. For where there is no discernment, there is no choice; and where there is no choice, there can be no act of the will, which is nothing else but a determination of one's choice, to do or to abstain from a particular action: he therefore, that has no understanding, can have no will to guide his conduct. 2. Where there is understanding and will sufficient, residing in the party; but not called forth and exerted at the time of the action done: which is the case of all offences committed by chance or ignorance. Here the will sits neuter; and neither concurs with the act, nor disagrees to it. 3. Where the action is constrained by some outward force and violence. Here the will counteracts the deed; and is so far from concurring with, that it loaths and disagrees to, what the man is obliged to perform. It will be the business of the present chapter briefly to consider all the several species of defect in will, as they fall under some one or other of these general heads: as infancy, idiocy, lunacy, and intoxication, which fall under the first class; misfortune, and ignorance, which may be referred to the second; and compulsion or necessity, which may properly rank in the third.

First, we will consider the case of *infancy*, or nonage; which is a defect of the understanding . . . by the law, as it now stands, and has stood at least ever since the time of Edward the third, the capacity of doing ill, or contracting guilt, is not so much measured by years and days, as by the strength of the delinquent's understanding and judgment . . .

The second case of a deficiency in will, which excuses from the guilt

of crimes, arises also from a defective or vitiated understanding, *viz.* in an *idiot* or a *lunatic*. For the rule of law as to the latter, which may easily be adapted also to the former, is, that '*furiosus furore solum punitur*'. In criminal cases therefore idiots and lunatics are not chargeable for their own acts, if committed when under these incapacities: no, not even for treason itself. Also, if a man in his sound memory commits a capital offence, and before arralgnment for it, he becomes mad, he ought not to be arraigned for it; because he is not able to plead to it with that advice and caution that he ought. And if, after he has pleaded, the prisoner becomes mad, he shall not be tried; for how can he make his defence? If, after he be tried and found guilty, he loses his senses before judgment, judgment shall not be pronounced; and if, after judgment, he becomes of nonsane memory, execution shall be stayed: for peradventure, says the humanity of the English law, had the prisoner been of sound memory, he might have alleged something in stay of judgment or execution . . . But if there be any doubt, whether the party be *compos* or not, this shall be tried by a jury. And if he be so found, a total idiocy, or absolute insanity, excuses from the guilt, and of course from the punishment, of any criminal action committed under such deprivation of the senses: but, if a lunatic hath lucid intervals of understanding, he shall answer for what he does in those intervals, as if he had no deficiency. Yet, in the case of absolute madmen, as they are not answerable for their actions, they should not be permitted the liberty of acting unless under proper control; and, in particular, they ought not to be suffered to go loose, to the terror of the king's subjects. It was the doctrine of our antient law, that persons deprived of their reason might be confined till they recovered their senses, without waiting for the forms of a commission or other special authority from the crown: and now, by the vagrant acts, a method is chalked out for imprisoning, chaining, and sending them to their proper homes.

Thirdly; as to artificial, voluntarily contracted madness, by *drunkenness* or intoxication, which, depriving men of their reason, puts them in a temporary phrenzy; our law looks upon this as an aggravation of the offence, rather than as an excuse for any criminal misbehaviour.

JOHN GREGORY (1724–1773)

MD Aberdeen, FRCP Edin., FRS, professor of philosophy, subsequently of medicine, University of Aberdeen; later professor of the practice of physic, University of Edinburgh; physician to the King in Scotland

A comparative view of the state and faculties of man with those of the animal world, 1765 *London, Dodsley* pp. 6-8, 13-5, 186-8

Philosopher and physician, cousin of Thomas Reid, Gregory combined in his practice the philosophical, that is psychological with the medical approach and deplored the 'unspeakable loss to Physicians, that they have been generally inattentive to the peculiar laws of the Mind and their influence on the Body'. He suggested that psychology be integrated with medicine to their mutual advantage, stressed the need for 'assiduous and accurate observations', and criticised 'Men of ingenuity who have amused themselves in forming Theories' – an early hint of a weakness to which medico-psychological schools seem from the start to have been peculiarly prone. The 'professor . . . in a neighbouring nation' referred to in the extract was Friedrich Hoffmann (1660–1742) known to medical history as the leader of the iatro-mechanical school, whose colleague of opposite views and also professor at Halle was Georg Ernst von Stahl (1660–1734), leader of the school of vitalism or animism. Gregory's suggestion that comparative psychological studies would further the understanding of human behaviour foreshadowed the approach of McDougall's (1905; 1908) purposivistic and Watson's (1914) behavouristic schools of psychology which made purposive behaviour common to man and animal the study and basis of their psychological systems. To some extent this development was made possible by Pavlov's (1905) experimental demonstration that innate behaviour may be modified by conditioning which had been discussed by Digby as early as 1644.

In his widely read and frequently reprinted classic *Observations on the duties and offices of a physician; and on the method of prosecuting enquiries in philosophy*, 1770 in which he aimed at making medical practice more ethical and medical thinking more scientific, Gregory laid down in broad principle how the physician should conduct himself when dealing with that 'numerous class of patients who put a physician's good nature and patience to a very severe trial; these I mean who suffer under nervous complaints. Although the fears of these patients are generally groundless, yet their sufferings are real . . . Disorders in the imagination may be as properly the object of a physician's attention as a disorder of the body . . . It is not unusual to find physicians treating these complaints with the most barbarous neglect, or mortifying ridicule, when the patients can ill afford to fee them; while at the same time, among patients of higher rank, they foster them with the utmost care and apparent sympathy: there being no diseases, in the stile of the trade, so lucrative as those of the nervous kind'.

It has been the misfortune of most of those who have study'd the Philosophy of the Human Mind, that they have been little acquainted with the structure of the Human Body, and the laws of the Animal Oeconomy; and yet the Mind and Body are so intimately connected, and have such a mutual influence on one another, that the constitution of either, examined apart, can never be thoroughly understood. For the same reason it has been an unspeakable loss to Physicians, that they have been so generally inattentive to the peculiar laws of the Mind and their influence on the Body. A late celebrated professor of that art in a neighbouring nation, who perhaps had rather a clear and methodical head, than an extensive genius or enlarged views of nature, wrote a System of Physic, wherein he seems to have considered Man entirely as a Machine, and makes a feeble and vain attempt to explain all the Phænomena of the Animal Oeconomy, by mechanical and chymical principles. Stahl his contemporary and rival, who had a more enlarged genius, and penetrated more deeply into Nature, took in the consideration of the sentient Principle, and united the Philosophy of the Human Mind, with that of the Human Body; but the luxuriancy of his imagination often bewildered him, and the perplexity of his manner and obscurity of his Stile, make his Writings little read and less understood.

Besides these, there is another cause which makes the knowledge of Human Nature very lame and imperfect, which we propose more particularly to enquire into. Man has been usually considered as a Being that had no analogy to the rest of the Animal Creation. The comparative Anatomy of brute Animals has indeed been cultivated with some attention; and has been the source of the most useful discoveries in the Anatomy of the Human Body: But the comparative Animal Oeconomy of Mankind, and other Animals, and comparative Views of their States and manner of life, have been little regarded. The pride of man is alarmed, in this case, with too close a comparison, and the dignity of Philosophy will not easily stoop to receive a lesson from the instinct of Brutes . . .

There is one Principle which prevails universally in the Brute Creation, and is the immediate source of all their Actions. This Principle, which is called Instinct, determines them by the shortest and most effectual means to pursue what their several constitutions make necessary. It seems to have been thought, that this Principle of Instinct was peculiar to the Brute Creation; and that mankind were designed by Providence, to be governed by the superior principle of Reason, entirely independent of it. But a little attention will shew, that Instinct is a principle common to us and the whole Animal world, and that, as far as it extends, it is a sure and infallible guide; tho' the depraved and unnatural State, into which mankind are plunged, often stifles its voice, or makes it impossible to distinguish it from other Impulses which are accidental and foreign to our Nature.

Reason indeed is but a weak principle in Man, in respect of Instinct, and generally is a more unsafe guide . . . It should seem therefore of the greatest consequence, to enquire into the Instincts that are natural to mankind, to separate them from those cravings which bad habits have occasioned, and where any doubt remains on this Subject, to enquire into the analogous Instincts of other Animals, particularly of the savage part of our own Species. We should likewise avail ourselves of the Observations made on tame Animals in those particulars where Art has in some measure improved upon Nature . . .

In Medicine, the facts on which the Art depends, are so numerous and complicated, so misrepresented by credulity, or a heated Imagination, that there has hardly ever been found a truly philosophical Genius, who has attempted the practical part of it. Almost all Physicians, who have been Men of ingenuity, have amused themselves in forming Theories, which gave exercise to their invention, and at the same time contributed to their reputation. Instead of being at the trouble of making observations themselves, they culled out of the promiscuous multitude already made, such as suited their purpose, and dressed them up in the way their System required. In consequence of this the history of Medicine does not exhibit the history of a progressive Art, but a history of opinions, which prevailed perhaps for twenty or thirty years, and then sunk into contempt and oblivion . . . In [Medicine] . . . nothing is required but assiduous and accurate observation, and a good Understanding to direct the proper application of such observation. But to cure the diseases of the Mind, there is required that intimate knowledge of the Human Heart, which must be drawn from life itself, and which books can never teach, of the various disguises, under which Vice recommends herself to the Imagination, the artful association of Ideas which she forms there, the many nameless circumstances that soften the Heart and render it accessible, the Arts of insinuation and persuasion, the Art of breaking false associations of Ideas, or inducing counter associations, and employing one Passion against another; and when such a knowledge is acquired, the successful application of it to practice depends in a considerable degree on powers which no extent of Understanding can confer.

GIOVANNI BATTISTA MORGAGNI (1682–1771)

MD Bologna, FRS, professor of medicine, later of anatomy, University of Padua

The seats and causes of diseases investigated by anatomy; in five books, containing a great variety of dissections, with remarks . . . Translated from the Latin . . . by Benjamin Alexander, M.D., 1769 *London, Millar* et al. 3 vols Vol. I, pp. 144-5, 156-8, 161-2

First published in Latin, Venice 1761

Morgagni was the first who systematically correlated clinical manifestations and course of illness with anatomically accurate postmortem findings. His monumental collection of over 700 cases of diseases of all kinds presented by this combined approach laid the basis of scientific medicine and made him the founder of morbid or pathological anatomy. Book I on 'disorders of the head' contains chapters on 'apoplexy', 'phrenitis', 'epilepsy', 'paralysis', 'hydrocephalus', and one on 'madness, melancholy, and hydrophobia' from which the extracts are taken. Before Morgagni's time insanity was attributed to many accidental and insignificant findings in the brain, as well as to artefacts and even normal postmortem changes, on some of which etiological theories of insanity as well as treatments had been based. Among these were calcification of the pineal gland, Pacchionian corpuscles and choroid plexuses; softness, hardness, dryness, moistness, redness, whiteness of the brain substance; collections of fluid; engorgement of cerebral blood vessels; and so on. In the passages chosen Morgagni reviewed these critically in the light of his own life-long experience. Although he himself had most commonly found abnormal hardness of the brain in the insane, he was inclined not to lay 'much stress' upon it since he had observed the same 'in persons . . . whose mind had not been disorder'd'.

His work had a twofold significance for psychiatry: first by demonstrating that there was no uniform pathology for 'madness' he showed that it could not be one disease, which made nonsense of universal 'antimaniacals' and treatments aimed generally at 'corroborating' or 'depleting' the system especially those designed to relieve pressure in the brain; and secondly that in cases where specific pathological lesions were found in the brain the disease had shown distinctive features and run a characteristic course. Although Morgagni's findings made little difference to the continued use of the old treatments his pathological findings gave great impetus to the study of morbid anatomy of the brain especially in the following century when technological advances in microscopy and staining allowed finer pathological studies. Then a steadily increasing number of nervous system diseases were discovered, the earliest and most important of which was the identification of general paralysis of the insane as a clinico-pathological entity *sui generis* by Bayle (1822) and Calmeil (1826) who

followed Morgagni's precept and studied the brains of maniacs who in life had suffered also from progressive paralysis. It testifies to the fundamental value of his method that by it the signs, symptoms, course and pathology of this disease were worked out long before its etiological agent, the spirochaete, was discovered in the early twentieth century.

SEATS AND CAUSES OF MADNESS

Madness, to use the words of Willis . . . 'is so far a-kin to melancholy, that these disorders often mutually interchange their appearances, and go over one into the other'. And you often see physicians doubting, on the one hand, from taciturnity and fear, and on the other, from loquacity and boldness, every now and then alternately appearing in the same patient, whether they should pronounce him to be afflicted with madness, or with melancholy. And this consideration made me endure, with more patience, the answers which I have frequently receiv'd, when, upon dissecting the heads of persons who have been disorder'd in their senses, I have enquir'd with which of the two deliria they had been affected; answers, which were frequently ambiguous, and often repugnant to each other, and yet perhaps true in the long course of the disease. Wherefore, although in the dissections I am going to describe to you, I shall signify when I know that the patient inclin'd most to the one, or to the other state of the disorder; yet, as I shall be able to do that but seldom, I chose rather to comprehend in this one letter what relates to either of these deliria . . .

If . . . Valsalva had had as frequent opportunities of dissecting other bodies of insane persons, as he had of attending to their disorders while living; I doubt not but he would certainly have observ'd, what I have observ'd in all I have hitherto examin'd, that is, a considerable hardness in the brain. But as to what relates to those tumid bodies in the plexus choroides, and to the little bodies which he describ'd at the sides of the longitudinal sinus; I believe, I have already mention'd to you a larger extuberance in that plexus than either of these, and yet not in the head of a maniac, or melancholic person. And I suspect that those corpuscles, which rais'd themselves up here and there from the dura mater, were probably of the same kind with these, which were afterwards call'd glands by Pacchioni, which are seated in those very places, being sometimes less, yet often still much more, conspicuous. But although these are neither preternatural, as the cavities, or pits, impress'd on the inside of the skull, to receive these little masses, evidently shew, nor were unknown to anatomists two ages ago, after Vesalius, who calls them *tubercula*; and though they were even again set forth as new appearances, a little before Valsalva was born; yet at the same time in which he wrote that observation, they had been, in some measure, forgotten again . . .

If you join these six dissections of mine with that which I describ'd to you in the first letter, and compare them all with those you have in the

Sepulchretum, or other books, you will immediately perceive, that among those things which others have observ'd, some of them have been never found by me, a few rarely, many often, and others indeed always. For example, that I did not find, even in the man who was in like manner believ'd to be made mad from a philtre, the pia mater not 'insinuating itself', as usual, 'between the convolutions of the brain', my silence on this head, in the history of the butcher, plainly shews. And that I never saw worms in the brain, and indeed never expected to see them, the first letter sufficiently shews . . . Baglivi affirms, 'that he had dissected two maniacs at Naples, and that he had found the dura mater hard, as a piece of board, and almost dried up' . . . yet in those I dissected, I certainly know that there was not any: and even as to that appearance, which I describ'd in the first letter, as being found in the dura mater, the disorder was not, I think, to be referr'd to this kind, that Baglivi and Willis take notice of, as it was contain'd within a certain small space. Yet, since them, two very experienc'd men, Littre and Geoffroy, each of them, found both the meninges diseas'd, in separate maniacal patients: in the one, it was more compact; in the other, it was more thick and firm: not to say any thing of the falciform process, which Geoffroy saw at the same time, almost every where cover'd with bony laminæ, or plates. And this firmness or thickness of one, or both, of the meninges, in maniacs, has been remark'd also by others, as you will read in Alexander Camerarius, and the celebrated Van Swieten: and I should, perhaps, be ready to believe that this appearance was brought on by long and violent deliria, if I did not know that the same had been seen by Wepfer, and even after melancholy deliria by King, after foolishness or idiotism by others, and even by myself in those whose understanding had been perfectly sound. Yet I see, that this is much less rarely to be found, than those large kinds of glands in the interior parts of the brain, which are describ'd in the observation of Valsalva; although at the same time I know, that, in two melancholic persons, appearances, in some measure similar to these, have been found in the same places. Nor have the same thing ever occurr'd to me, which have occurr'd to Santorini, in two old men, one an idiot, and the other slightly disorder'd in mind; I mean, foveolæ, or little pits, fill'd with lymph, or a yellowish little body in the meditullium of the brain: and still less what Willis, Kerckringius, and King, have seen, the bulk of the brain much less than it naturally is.

But rarely, and indeed only once, have I seen, in the dissection of insane persons, those deep sulci in the corpus callosum, or the aerial bubbles in the sanguiferous vessels of the brain, and the medullary substance thereof brown, most of which, I suppose, are merely accidental in disorders of this kind; and I have certainly describ'd them to you in others who were not insane. Nor do I see that they have been observ'd in those by others: nay, Lancisi remark'd in an idiot, that the substance of the brain was 'more white than natural'; as he also remark'd some things different in the corpus callosum. On the other hand, I have often seen the vessels of the brain

distended with blood, and more often, water under the meninges, or in the ventricles; nor perhaps should rarely have lit upon an enlarg'd or schirrhous spleen, if I had always had time to examine the viscera of those whose brain I dissected. All which the celebrated Hoyerus saw, at one time, in the body of a maniac: and Van Swieten saw the vessels distended 'with a very black and pitch-like blood', in a melancholic woman; as that very skilful anatomist Phil. Conrad. Fabricius found the plexus choroides 'frequently turgid and inflated', in maniacs: and a quantity of extravasated water not only in an idiot, King, and others, but also in a melancholic woman, Wepfer; and in maniacal persons, those who are mention'd with honour by Van Swieten, who thence explains the aphorism which we have mention'd above, if a dropsy comes on after madness, 'tis a good sign, by supposing that the water is reabsorb'd from the brain, and carried to some other part . . . And very few things occur at present, indeed, on the subject of the pineal gland. For Diemerbroeck, although he points out many observations, that have been made by others, of sand and calculi being found in that gland, yet . . . I contend, that they were not all maniacs, or melancholic persons, in whom I have seen this disorder, but that, on the contrary, many had labour'd under other disorders . . . Boerhaave, perhaps, animadverted to other histories, which had fall'n under his notice, when he asserted, 'from anatomical dissections, that the cerebrum of maniacal persons was dry, hard, friable, and yellow in its cortical substance' . . . But although . . . I always found, at least a hardness of the medullary substance of its hemispheres; and though I think that the circumstance is not to be neglected, by any means, yet I do not believe, that so much is to be attributed to it, that we should ascribe disorders of the mind to this, as to their only cause, and prove our hypothesis by very subtle and specious explications . . . And that you may understand, why I do not lay so much stress upon this hardness, I would have you know, that in some persons likewise, whose minds had not been disorder'd, I did not find the cerebrum less hard than in these.

JOHN AIKIN (1747–1822)

MD Leyden, physician of Chester, Warrington, Yarmouth and London; man of letters

Thoughts on hospitals, 1771 *London, Johnson* pp. 65-71

'We have seen' wrote Aikin 'within less than half a century, numerous edifices arise throughout the kingdom, dedicated to the support of the poor under the severe afflictions of disease and want – we have seen these amply maintained, carefully inspected, and diligently attended; and all this without any interference of the civil powers, merely by the generous and disinterested zeal of individuals . . . Amidst the universal diffusion of this amiable spirit, one thing alone appears wanting to compleat the wishes of humanity; and this is, that a proper direction of the means, should accompany the well-meant intentions of doing good.' He set out therefore to provide some guiding principles for the construction and government of hospitals, both general and special, to improve the service they sought to provide and at the same time further the opportunities they afforded for medical study. His chief aim was to lower their high mortality rate which he attributed to overcrowding, lack of ventilation, cross infection and the practice of admitting fever cases to general wards. 'Every hospital' he feared seemed to have 'its own peculiar disease within it' resulting in 'consequences . . . quite opposite to the kind intentions' of their founders. 'The languid countenances of the patients', 'the peculiarly noisome effluvia' of some crowded wards made some hospitals like 'a dismal prison, where the sick are shut up from the rest of mankind to perish by mutual contagion'. The most dreaded contagion 'that dreadful distemper, little less malignant than the plague itself' was 'the jail or hospital fever' – typhus. A few years after the appearance of Aikin's book John Haygarth [*q.v.*] to whom it was dedicated and who was then practising in Chester, instituted separate fever wards and laid down practical rules of diet, hygiene and ventilation.

Aikin's was the first book 'on hospitals' in which 'Lunatic hospitals' were discussed, and it is indicative not only of the general attitude to the insane but also of the type of patient admitted at that time, that he stressed 'the absolute necessity of a separate room or cell for every patient'. It was not until 1807 when Stark [*q.v.*] an architect, collaborated with physicians of 'experience in the care of mental derangement' in planning the Glasgow Asylum, that practical expression was given to the lesson learnt in the intervening years that contrary to expectation it was beneficial to allow insane patients to mix and harmful to isolate them. Aikin's remarks were followed by observations on the asylums of Europe and the Middle East by his friend John Howard (1726–1790) FRS who described and compared Bethlem and St Luke's in London and St Patrick's in Dublin with 'two *Hospitals* for *Lunatics*' at Constantinople, 'the new *Tower*

for *Lunatics*' or *Narrenturm* at Vienna, 'the *Asylum* for *Lunatics*' at Frankfort, and 'the *Dol-huis*' at Amsterdam. To Howard the last mentioned and one of the hospitals at Constantinople seemed the most admirable (*An account of the principal lazarettos in Europe . . . together with further observations on some foreign prisons and hospitals; and additional remarks on the present state of those in Great Britain and Ireland*, 1789, Warrington).

Asylum construction next received consideration, albeit theoretical, from Jeremy Bentham (*q.v.*) who suggested a number of circular buildings, each with a central 'apartment' for an 'inspector' or 'keeper', from which issued '*partitions* in the form of *radii*' to form 'cells', one for each patient, having a window facing outwards and 'an iron grating' inwards. This enabled one person to observe a large number of patients (or prisoners) continuously and simultaneously, and Bentham hoped it 'would render the use of chains and other modes of corporal sufferance as unnecessary in this case [the insane] as in any' (*Panopticon; or, the inspection-house: containing the idea of a new principle of construction applicable to any sort of establishment, in which persons of any description are to be kept under inspection*, 1791, Dublin). This was the basis of the overall design adopted by Stark (1807) for the Glasgow Asylum and was put forward as the 'Panopticon Plan' by James Bevans 'Architect, of Grays Inn Square', in 1815 to the Parliamentary Committee appointed to consider 'the better Regulation of Madhouses' for an intended London Asylum which however was not built.

Reverting to Aikin: in his quotation from a 'lately published' account of the 'Lunatic hospital . . . at Manchester' which had opened in 1766 occurs one of the earliest uses of '*asylum*' for 'Lunatic hospital'. As is well known this became the name most widely given to hospitals of this kind in the nineteenth century, although as early as July 1841 a 'Meeting of Medical Gentlemen attached to Lunatic Asylums' at Gloucester inaugurating what became the Royal Medico-Psychological Association, presided over by Dr Shute, physician to the Gloucester Lunatic Asylum, passed as one of their first resolutions 'That by the Members of this Association, the term *Lunatic*, and *Lunatic Asylum*, be abandoned, except for legal purposes, and the terms *Insane Person*, and *Hospital for the Insane* be substituted'. It reflects a further change in attitude to psychiatry – and is perhaps an expression of a constant endeavour to remove from it a stigma – that the Mental Health Act, 1959 officially introduced the term 'mentally disordered person' for those who had been successively the mad, the lunatic, and the insane, and for asylum 'hospital for mentally disordered persons', or simply 'hospital'.

LUNATIC HOSPITALS

The last disease to which particular hospitals have been appropriated, that I shall mention, is Lunacy. The case of the unhappy objects afflicted with this disorder is in a peculiar manner distressful, since besides their own sufferings, they are rendered a nusance and terror to others; and are not only themselves lost to society, but take up the whole time and attention of others. By placing a number of them in a common receptacle, they may be taken care of by a much smaller number of attendants; at the same time

they are removed from the public eye to which they were multiplied objects of alarm, and the mischiefs they are liable to do to themselves and others, are with much greater certainty prevented . . . From all these considerations it has long been the custom to confine these patients in houses appropriated for their reception, and provided with persons experienced in their management. Institutions of this kind, undertaken by private persons for their own emolument, are sufficiently numerous; but the poor in this kingdom have hitherto been but indifferently provided with public hospitals for the relief of Lunatics. Besides the two in London, there is not throughout the kingdom one that deserves the name of a Lunatic hospital, except a lately erected one at Manchester. From an account of this last lately published, I shall quote some considerations which induced the promoters of charity in that place to set on foot so benevolent a design.

'In the first place, they apprehended that no cases be more truly deplorable than those of poor Lunaticks, who had, in common, no prospect of a cure, and who had besides no care or attendance upon their persons, but what a needy parent could bestow, or what a thrifty parish officer would provide; at the same time that they continued public spectacles of the deepest misery, if not of terror, to their neighbours. Secondly, the great prospect which the trustees might fairly entertain of frequently relieving these poor wretches, if not perfecting their cure; by duly confining them, supplying them with all necessaries, and placing them under the care of skilful physicians; the physicians of the infirmary, (and the surgeons, when necessary), having generously offered to give their attendance gratis. The last, but not least consideration, was the assistance which they might reasonably hope to give to many persons of middling fortunes, who labouring under the terrible misfortune of an unsound mind, had no place to resort to but a *private Mad-house*; where their cure stood a great chance of being protracted for the benefit of the mercenary keeper, if ever to be accomplished by one who could lay so small a claim to medical abilities. These persons, or their relations, they could not doubt would gladly give the preference to an *asylum* of this kind, managed by men of principles and honour, where the patients might expect to meet with the most humane and disinterested treatment; and where, though a moderate fee was taken by the trustees for their subsistence, and by the physician for his advice, they might happily be restored to their health and friends, without impairing their fortunes.'

The humanity and importance of these motives are indisputable; and I do not perceive a single objection that can be raised against such institutions. The great success which has attended this at Manchester, may be seen from their reports; and I can give a testimony of the convenience and benefit that a large surrounding country has found from it. It were therefore to be wished that others of our principal country towns would follow so laudable an example. I should hope that one hospital in a district of

several adjacent counties, would be sufficient to receive all the patients who might offer; and instead of being a burthen, they would be a saving to the community, not only from the relief of private families, but that of parishes which might have paupers afflicted with lunacy.

It is unnecessary to point out any particular objects of attention in the planning and conducting these hospitals; since the case can admit of little doubt or variation, and from the designs already completed, it seems sufficiently understood. The absolute necessity of a separate room or cell for every patient is very apparent; and it would seem needless to inculcate on the humane, the very great impropriety and cruelty of allowing the poor unhappy sufferers to become spectacles for the brutal curiosity of the populace.

DAVID MACBRIDE (1726–1778)

MD Glasgow, physician and teacher of medicine, Dublin

A methodical introduction to the theory and practice of physick, 1772 *London, Strahan* et al. pp. 591-2

Because Macbride first described in a textbook of medicine the strait-waistcoat which played so important a part in the management of the insane for almost one hundred years, he has mistakenly been credited with its invention by Esquirol (1838), Kraepelin (1918) and others following suit. Although it has been impossible to establish by whom or when it was introduced, it was certainly in use in private madhouses in the 1730s [see Cruden 1739] and had by 1754 found its way into literature in Samuel Richardson's *The history of Sir Charles Grandison* and in 1762 in Smollett's *Sir Launcelot Greaves*. Originally intended as an instrument of restraint less injurious than cords and chains for difficult and violent patients, it was soon raised to the status of a treatment on the reasoning that the suppression of physical excitement would tranquillise the mind and so allow the patient's reason to return [see Cullen 1784]. The history of the use of the strait-waistcoat and its justification exemplifies how tenuous may be the dividing line in psychiatry between treatment and restraint.

THE STRAIT-WAISTCOAT

No small share of the management of mad people consists in hindering them to hurt themselves, or do mischief to other persons. It has sometimes been usual to chain and beat them, but this is both cruel and absurd; since the contrivance called the Strait Waistcoat, answers every purpose of restraining the patients, without hurting them. These waistcoats are made of ticken, or some such strong stuff; are open at the back, and laced on like a pair of stays; the sleeves are made tight, and so long as to cover the ends of the fingers, and are there drawn close with a string, like a purse, by which contrivance the patient has no power of using his fingers; and, when he is laid on his back in bed, and the arms brought across the chest, and fastened in that position, by tying the sleeve-strings fast round the waist, he has no power of his hands. A broad strap of girth-web is then carried across the breast, and fastened to the bedstead, by which means the patient is confined on his back; and if he should be so outrageous as to require further restraint, the legs are secured by ligatures to the foot of the bed.

It is of great use in practice to bear in mind, that all mad people are

cowardly, and can be awed even by the menacing look of a very expressive countenance; and when those who have charge of them once impress them with the notion of fear, they easily submit to any thing that is required.

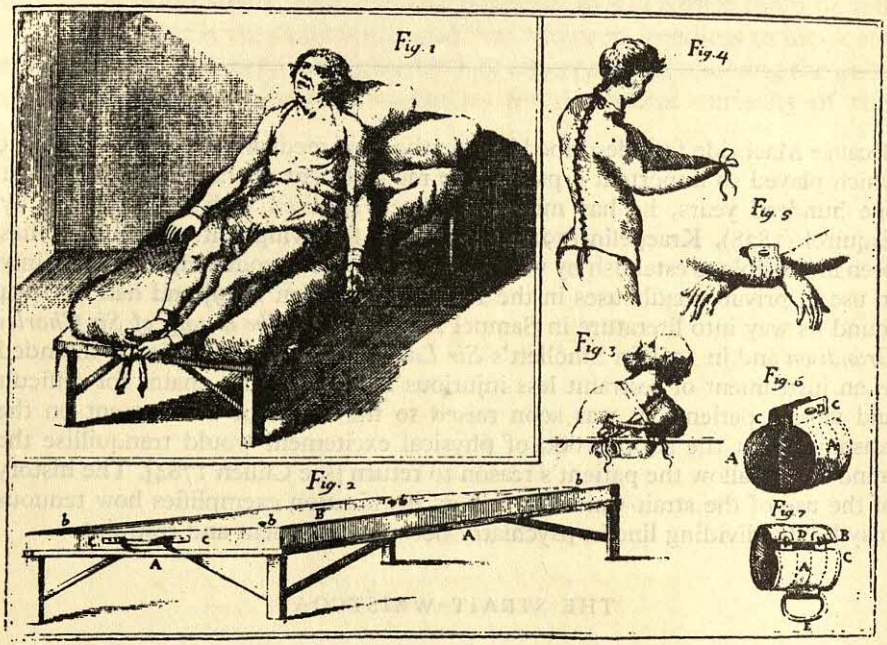


FIG. 90 The first illustration of the 'English camisole' or strait jacket, figure 4, from Vincenzo Chiarugi's *Della pazzia*, vol. 2, Florence, 1794 (*Royal College of Physicians Edinburgh*). Figures 3, 6, and 7 show the devices used in figure 1 for securing a patient to the specially constructed 'maniac's bed' as shown in figure 2.

AN ACT OF PARLIAMENT

FOR REGULATING MADHOUSES, 1774 14 Geo. III, c. 49

ANNO DECIMO QUARTO

Georgii III. Regis.

CAP. XLIX.

An Act for regulating Madhouſes.

WHEREAS many great and dangerous Preamble.
Abuſes frequently ariſe from the preſent State of Houſes kept for the Reception of Lunaticks, for want of Regulations with Reſpect to the Perſons keeping ſuch Houſes, the Admiſſion of Patients into them, and the Viſitation by proper Perſons of the ſaid Houſes and Patients: And whereas the Law, as it now ſtands, is inſufficient for preventing or diſcovering ſuch Abuſes; may it therefore pleaſe Your Majeſty that it may be enacted; and be it enacted by the King's moſt Excellent Majeſty, by and with the Advice and Conſent

FIG. 91 First Act of Parliament 'for regulating Madhouses', 1774.

Since the beginning of the eighteenth century there had been growing public concern at the easy admission and detention as well as maltreatment of patients in the many private madhouses that had sprung up especially in and around London. Agitation for legal safeguards gathered momentum as cases became known of sane persons unlawfully confined at the instigation of scheming relatives or unscrupulous practitioners. In December 1754 the College of Physicians was approached by Sir Cordell Firebrass with 'The heads of a Bill intended to be

brought into Parliament for the Licensing private Mad Houses . . . proposing among other Matters that the Licensing and Visiting of private Madhouses should be by the President and other officers of the College of Physicians'. This proposal was however rejected with the reply that 'The College is obliged to Sir Cordell Firebrass for his good opinion of them in offering to them the Execution of so great a Trust as is proposed in the Heads of the Bill for Licensing Madhouses but they apprehend the Execution of That Trust will be attended with such Difficulties as will make it very inconvenient to the College to perform it' (*Annals of the Royal College of Physicians*, MS.).

No action was taken until 1763 when Parliament appointed a Committee to 'inquire into the State of the private Madhouses in this Kingdom, and report the same, with their Opinion thereupon, to the House'. The Committee examined several complainants who had been confined in Turlington's madhouse in Chelsea and Mr (later Sir) Jonathan Miles's madhouse at Hoxton established in 1695 [see FIG. 159]; and 'desirous of obtaining every Degree of Assistance and Information which might enable them more perfectly to obey the Orders of the House, they desired the Attendance of Dr. Battie and Dr. Monroe, Two very eminent Physicians, distinguished by their knowledge and their Practice in Cases of Lunacy. Dr. Battie gave it as his Opinion to your Committee, That the private Madhouses require some better Regulation; that he hath long been of this Opinion; that the Admission of Persons brought as Lunatics is too loose and too much at large, depending upon Persons not competent Judges; and that frequent Visitation is necessary for the Inspection of the Lodging, Diet, Cleanliness, and Treatment. Being asked, If he ever met with Persons of sane Mind in Confinement for Lunacy? He said, it frequently happened . . . and Dr. Monroe said, that in his Opinion the present State of the private Madhouses required Regulation, with respect to the Persons permitted to keep such Houses, and Admission of Patients, and the Visitation'. The Committee concluded 'that the present State of the private Madhouses in this Kingdom, requires the Interposition of the Legislature . . . Ordered, That Leave be given to bring in a Bill for the Regulation of Private Madhouses' (*Journal of the House of Commons*, 1763).

However another eleven years elapsed during which twice more in 1772 and 1773 a bill was ordered but not brought in, before eventually in 1774 the 'Act for Regulating Madhouses' was passed, parts of which are quoted here. It was limited to safeguarding the liberty and welfare of private patients and excluded from its provisions all insane paupers who were kept in lunatic and general hospitals, workhouses, poorhouses and other institutions, even the large number boarded in private madhouses at the expense of their parishes. The main points of the Act were: no person to keep more than one lunatic in his house without a licence; licences to be granted in the London area by five fellows of the College of Physicians designated 'Commissioners', and in the provinces by Quarter Sessions, on the 'Keeper' entering recognizances in the sum of £100 and two sureties of £50 to be of 'good Behaviour'; in London the Commissioners and in the provinces two Justices of the Peace and one physician to inspect such houses at least once a year and keep minutes of their findings; every madhouse keeper to notify admission of a patient within three days in the London area and within fourteen days outside it; no person to be admitted 'as a Lunatic, without having an Order, in Writing, under the Hand and Seal of some Physician,

Surgeon, or Apothecary'; and in case of an action against a keeper for 'confining or ill-treating any of His Majesty's Subjects . . . the Parties complained of shall be obliged to justify their Proceedings, according to the Course of the Common Law, in the same Manner as if this Act had not been made'. For infringements the Act imposed fines up to £500 – the penalty for harbouring 'more than One Lunatick' without a licence.

But even within its restriction to private patients the Act was no more than a beginning: inspection was enforced only once a year and 'between the Hours of Eight and Five in Day-time' which in practice allowed keepers to anticipate it and so nullify its purpose; it gave no powers for withholding or revoking licences for misdemeanours except the keeper refused admission to the Commissioners on their annual visit; and it made no special provision for the enforcement of better conditions or the prevention of maltreatment other than to affirm that the holder of a licence was not exempt from prosecution under the Common Law.

ANNO REGNI DECIMO QUARTO Cap. 49.

After *Nov.* 20, 1774, if any Perſon conceal more than One Lunatick without Licence, he ſhall forfeit 500*l.*

rity of the ſame, That from and after the Twentieth Day of November, One thouſand ſeven hundred and ſeventy-four, if any Perſon or Perſons, in that Part of Great Britain called England, the Dominion of Wales, or Town of Berwick upon Tweed, ſhall, upon any Pretence whatſoever, conceal, harbour, entertain, or confine, in any Houſe or Place, kept for the Reception of Lunaticks, more than One Lunatick, at any One Time, without having ſuch Licence for that Purpoſe, as is herein-after directed, (except ſuch Lunaticks as are committed by the Lord High Chancellor of Great Britain, or Lord Keeper, or Commiſſioners for the Cuſtody of the Great Seal for the Time being), every ſuch Perſon ſhall, for every ſuch Offence, forfeit and pay the Sum of Five hundred Pounds.

Royal College of Phyſicians in *London*, on the laſt Day of *Sept.* yearly, may elect Five Fellows for granting Licences, *&c.*

And, in order that proper Perſons may be appointed for viſiting ſuch Houſes as ſhall be licenced and kept for the Reception of Lunaticks, within the Cities of London and Weſtminſter, and within Seven Miles of the ſame, and within the County of Middleſex, be it further enacted by the Authority aforeſaid, That the Preſident and Fellows of the Royal College of Phyſicians in London for the Time being, at a General Meeting of the ſaid College, to be held upon the laſt Day of September, or if that Day falls upon Sunday, then upon the Firſt Day of October, in every Year, ſhall elect Five Fellows of the ſaid College for granting ſuch Licences as aforeſaid, within the ſaid Cities of London and Weſtminſter, and within Seven Miles of the ſame, and within the ſaid County of Middleſex, according to the Directions of

FIG. 92 Section from the same showing the appointment of the College of Physicians Commissioners.

Thus the success or otherwise of the Act depended largely on the initiative and vigilance of individual Commissioners and Justices and this varied from county to county and from year to year. How much could be achieved is shown by four entries from the Minute Book of Surrey Quarter Sessions [see FIG. 121]. On the other side the shortcomings of the Act were realised almost as soon as it was passed. The whole problem was repeatedly raised in Parliament in the first decades of the nineteenth century, and numerous bills were introduced but failed to pass. Not even the official *Report from the Committee on Madhouses*, 1815, that 'If the treatment of those in the middling or lower classes of life, shut up in hospitals, private madhouses, or parish workhouses, is looked at, Your Committee are persuaded that a case cannot be found where the necessity for a remedy is more urgent' produced further legislation for another thirteen years.

Failing to extend the protecting arm of the law to a large section of lunatics the Act of 1774 failed for the same reason to provide anything like a guide to, let alone a register, of the number of insane persons in the land. Because the number of pauper lunatics requiring hospitalisation could not be assessed Wynn's Act of 1808 which enabled county authorities to build their own asylums was made permissive rather than compulsory (as it was in 1845) and some twenty years later only ten out of fifty-two counties had availed themselves of their new powers and opened asylums. Nor was it possible to give a reliable answer to the question whether insanity was on the increase as it was then widely believed to be, a deficiency discussed by Richard Powell (1767–1843), MD Oxon, FRCP, Secretary to the College Commissioners 1808–25, in *Observations on the comparative prevalence of insanity at different periods* (*Medical Transactions, published by the College of Physicians in London*, 1813). He deplored especially that the Act 'not only omits to give directions that insane persons, who are parish paupers, shall be reported when admitted into lunatic houses, but it expressly exempts such patients from any return at all . . . One is at a loss to discover what possible motives or reasons could have influenced the Legislature when it made this exception . . . Again, no returns are required to be made of those persons whose insanity is established under a commission of lunacy . . . The act likewise exempts *public hospitals* from the jurisdiction of the commissioners'; outside London 'returns are in fact made without any thing like regularity . . . there are many counties in which licensed houses are to be found from whence no reports at all have been officially received . . . no returns have ever been made from any part of the principality of Wales', and so on.

Despite these deficiencies and the continued plight and frequent maltreatment of the insane poor the Act of 1774 was only superseded over half a century later in 1828 by *An Act to regulate the care and treatment of insane persons in England*, 9 George IV, c. 41 which substituted for the College Commissioners 'Fifteen Persons . . . of which Commissioners Five at least shall be Physicians' appointed annually by 'His Majesty's Principal Secretary of State for the Home Department', who had the power to revoke licences and 'to visit and to inspect' any 'House licensed for the Reception of Two or more Insane Persons' at any hour of the day or night if they had been apprized of malpractices which could not 'be ascertained by Examination and Inspection during the Day'. The Act further provided 'That every Certificate upon which any Order shall be given for the Confinement of any Person . . . shall be signed by Two Medical Practi-

tioners' except 'Pauper Lunatics' or 'Parish Patients' for whom only one medical certificate was required, and 'That in every House . . . there shall, if it contain One hundred Patients, be a resident Physician, Surgeon, or Apothecary'.

REGULATING MADHOUSES

Whereas many great and dangerous Abuses frequently arise from the present State of Houses kept for the Reception of Lunaticks, for want of Regulations with Respect to the Persons keeping such Houses, the Admission of Patients into them, and the Visitation by proper Persons of the said Houses and Patients: And whereas the Law, as it now stands, is insufficient for preventing or discovering such Abuses . . . be it enacted . . . That . . . if any Person or Persons, in that Part of Great Britain called England, the Dominion of Wales, or Town of Berwick upon Tweed, shall, upon any Pretence whatsoever, conceal, harbour, entertain, or confine, in any House or Place, kept for the Reception of Lunaticks, more than One Lunatick, at any One Time, without having such Licence for that Purpose, as is herein-after directed . . . every such Person shall, for every such Offence, forfeit and pay the sum of Five hundred Pounds.

And . . . be it further enacted by the Authority aforesaid, That the President and Fellows of the Royal College of Physicians in London . . . shall elect Five Fellows . . . for granting such Licences as aforesaid, within the said Cities of London and Westminster, and within Seven Miles of the same . . . and the said Five Fellows . . . are hereby declared to be, Commissioners for granting such Licences within the Limits aforesaid, for the year then next ensuing . . . for . . . which Licences there shall be paid . . . For each and every House wherein there shall be kept any Number of Lunaticks, not exceeding Ten, the Sum of Ten Pounds; and for each and every House wherein there shall be kept above Ten, the Sum of Fifteen Pounds . . . no Commissioner . . . shall, directly or indirectly . . . be interested in keeping any House for the Reception of Lunaticks, upon Pain of forfeiting . . . the Sum of Fifty Pounds . . . the said Commissioners . . . shall . . . Once at least in every Year . . . visit and inspect all such Houses as shall have been licensed by them . . . between the Hours of Eight and Five in the Day-time; and . . . shall . . . make Minutes, in Writing, of the State and Condition of all such Houses which they shall so visit, as to the Care of the Patients therein, and all such other Particulars as they shall think deserve their Notice, together with their Observations thereupon . . . which . . . shall . . . be . . . entered . . . in a Register . . . in case the Keeper . . . shall refuse . . . the said Commissioners . . . Admittance . . . [he] shall . . . forfeit his Licence . . . the Keeper of every such licensed House . . . is hereby required, within the Space of Three Days after any Patient shall be received . . . (except such Pauper Lunaticks as shall happen to be sent there by Parish Officers), to cause Notice thereof to be given to the Secretary to the said Commissioners, which Notice shall contain the Name of every

such Person . . . of the Person or Persons by whose Direction such Lunatick was sent . . . and . . . of the Physician, Surgeon, or Apothecary, by whose Advice such Direction was given . . . and every Keeper . . . who shall admit . . . any Person as a Lunatick, without having an Order . . . or . . . shall not give Notice thereof . . . shall forfeit and pay the Sum of One hundred Pounds . . .

And be it further enacted, That no such Licence shall be granted . . . unless . . . the Person to whom such Licence is granted shall enter into Recognizance to the King's Majesty, His Heirs and Successors, in the Sum of One hundred Pounds, with Two sufficient Sureties, each in the Sum of Fifty Pounds, or One sufficient Surety in the Sum of One hundred Pounds, under the usual Conditions, for the good Behaviour of such Person during the Time for which such Licence shall be granted . . .

And whereas it is not intended by this Act to give the Keepers of any House or Houses, so to be licensed as aforesaid, or any other Person concerned in confining any of His Majesty's Subjects therein, any new Justification from their being able to prove that the Persons so confined have been sent there by such Direction and Advice as are required by this Act; be it therefore declared and enacted, That in all Proceedings that shall be had under His Majesty's Writ of *Habeas Corpus*, and in all Indictments, Informations, and Actions, that shall be preferred and brought against any Person or Persons, for confining or ill-treating any of His Majesty's Subjects, in any of the said Houses, the Parties complained of shall be obliged to justify their Proceedings, according to the Course of the Common Law, in the same Manner as if this Act had not been made.

GLOUCESTER QUARTER SESSIONS

LICENCE TO KEEP A MADHOUSE, 1774

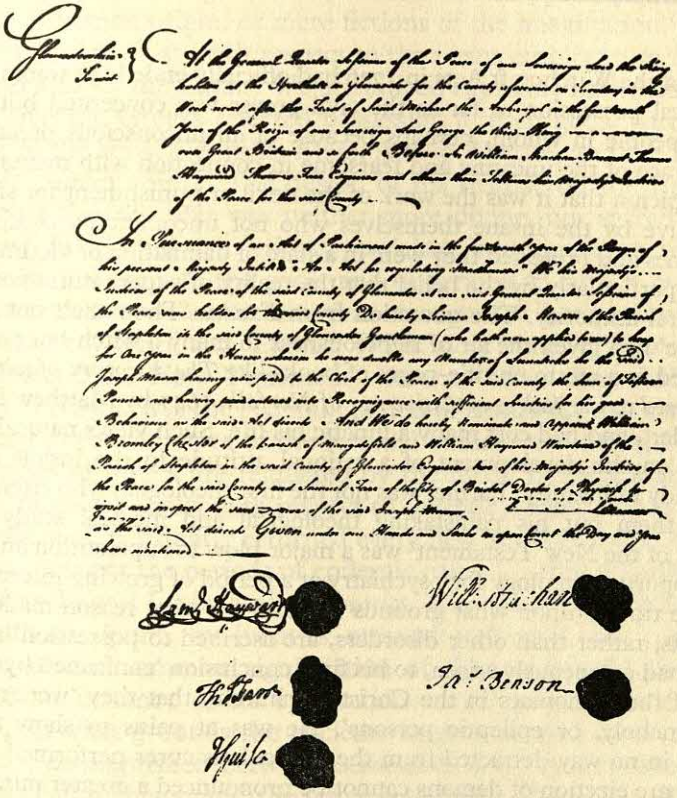


FIG. 93 One of the first (and very few surviving) licences granted to the owner of a private madhouse by Quarter Sessions under the Act for regulating Madhouses, 1774 (*Gloucester City Library*).

The licensee was Joseph Mason of Stapleton in Gloucestershire, grandfather of J. M. Cox, who was empowered 'to keep for One Year in the House wherein he now dwells any Number of Lunaticks'. At the same time Quarter Sessions nominated two county magistrates and one physician Samuel Farr (1741–1795) MD Leyden, physician to the Bristol Infirmary 'to visit and inspect the said House . . . as the said Act directs'.

HUGH FARMER (1714–1787)

Minister of religion at Walthamstow near London

An essay on the demoniacs of the New Testament, 1775 *London, Robinson* pp. 6, 9, 22-6, 120-5, 345-7, 350-1

The repeal of the Witchcraft Acts in 1736 had officially ended the waning belief in demoniacal possession as far as the civil power was concerned but not so among the people in whom, perhaps because of an unconscious dread, there lingered a trace of the uncanny and fearsome in connection with mental illness and the suspicion that it was the work of the devil or punishment for sin. This was kept alive by the insane themselves who not uncommonly confessed to terrible crimes and protested they were in a state of damnation or victims of evil forces, and particularly by the belief that the reality of supernatural possession had scriptural authority. The quotation from *Exodus* 'Thou shalt not suffer a witch to live' had given the air of righteousness to many a witch hunt and trial and was used as a motto on title-pages of books like *The discovery of witches . . . lately delivered to the Judges of Assize . . . of Norfolk*, 1647 by Matthew Hopkins 'Witch-finder', and had cost many a lunatic his life. Such views naturally acted as a brake on the development of a rational attitude to the insane and the medical study of insanity. Farmer was not the first theologian who attempted to contradict them but his painstaking theological and medical study of 'the Demoniacs of the New Testament' was a major blow to superstition and in this sense an opportune apology for psychiatry at a period of growing interest in the subject. He traced 'upon what grounds . . . and for what reason madness and epileptic fits, rather than other disorders, are ascribed to possession' and how this belief had erroneously arisen, to his final conclusion 'confirmed by the view given us of the demoniacs in the Christian church', that they 'were all either mad, melancholy, or epileptic persons'. He was at pains to show that this conclusion in no way detracted from the miraculous cures performed on them since 'the bare ejection of demons cannot be pronounced a greater miracle than the cure of natural disorders'.

DEMONIACS OR LUNATICS

With respect to Christians, I see no reason why they should be alarmed at an attempt to shew, that the New Testament doth not countenance the doctrine of real possessions . . . The proper question before us, is, which of these two opinions is best supported by reason, and by revelation . . . With regard to the *Heathens*, it is well known, that they advanced human spirits to the rank of gods and demons; and that they judged them capable

of entering the bodies of mankind, and of producing *phrensy* and *distraction*, which . . . was regarded as the most usual effect of demoniacal possession. Prophesying amongst the Heathens was attended with rage and madness. Almost all the oracles belonged to that species of divination which was by *fury*, such as was imputed to the power and presence of their gods . . .

The terms employed by the *Greeks*, to describe persons *inspired*, *possessed*, and *disordered in their understandings*, serve to shew, that the spirits by whom these persons were thought to be actuated, were not fallen angels, but the gods the Heathens worshipped; particularly such as were of human origin, or mere fictions of the imagination. This observation holds true also with respect to the terms employed to describe the same persons by the *Latins*. We are indeed expressly informed by Hippocrates, that the Greeks referred possession to their gods, particularly the mother of the gods, Neptune, Mars, Apollo, Hecate, and the heroes, who were all human spirits. The design of his treatise on the *Epilepsy* is to shew, that this disorder was neither more divine, nor sacred than other disorders; in opposition to priests, magicians, and impostors, who referred it more immediately to the gods, and undertook to cure it by expiations and charms. And we are certain, that amongst the Latins, the spirits that actuated the Cerriti and Larvati (who most exactly answered to the demoniacs of the New Testament) were no other than deified human ghosts . . . Now it was the general opinion of antiquity, that some diseases are owing to the influence of the celestial bodies; and that the paroxysms and periods of others are regulated by the moon in particular. This was the case more especially with respect to *epileptic diseases*, the fits of which, it was affirmed, constantly returned every new and full moon. Galen says, the moon governs the periods of epileptic cases . . . Hence epileptics were, by the Greeks and Latins, called *lunatics*. The evangelist Matthew, therefore, without doubt, by lunatics meaned epileptics. He could not be ignorant of the common signification of this term; and hath himself recorded an instance of its application to an epileptic case. Hence it appears, on what grounds the ancients in general, and the evangelists in particular, distinguished between demoniacs and lunatics; the former of whom we call maniacs, and the latter epileptics. These two disorders are attended with very different symptoms; and they were formerly by some ascribed to different causes, (one to the inhabitation of demons, the other to the influence of the moon) from which they borrowed their respective denominations. It is necessary to add, that the same person was reputed by many both a demoniac and a lunatic: a demoniac, because they referred the epilepsy to the possession of demons; a lunatic, because the fits of this disorder were thought to keep lunar periods. If some asserted the natural influence of the moon upon this disorder; others taught, that the patients were more subject to the incursions of demons at the changes of this planet than at any other time. This, perhaps, was thought to be the case

of the youth described in the Gospel. His father represents him both as *lunatic* and *sore vexed* with a demon. He was what some modern physicians call *epileptic mad*. He was not considered as being mad or vexed with a demon at all times, but only under the paroxysms of his epileptic disorder, which returned at the changes of the moon. These observations serve to account for the language of the evangelists, both when they distinguish possessions from lunacies, and when they join them together as kindred disorders.

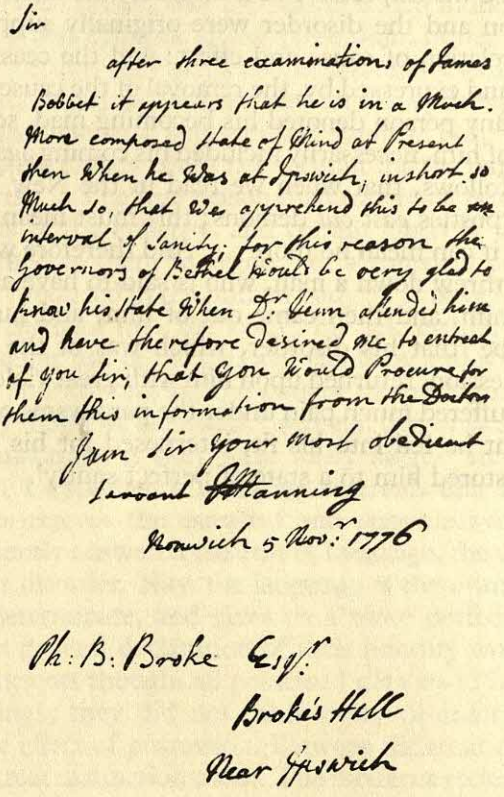
It may be observed further, that the reason which induced the ancients to ascribe madness and epileptic fits to possession, rather than other disorders, could not be that very general one commonly assigned, viz. that, in the earliest ages, men could not account for the epilepsy, (for example) without having recourse to a supernatural agency. For, without having recourse to that agency, they could not account for the palsy, the leprosy, and other disorders . . . The true reason therefore must be drawn from the *peculiar* symptoms of the epilepsy, and certain kinds of madness, which were such as seemed to them to argue, not a transient act of some evil spirit, or an effect produced in the human body all at once by his operation upon it; but his *entrance* into the body; his seizing the mind, thereby preventing the regular use of the rational faculties, and sometimes of the corporeal senses; and his causing the patient to speak and act under his direction . . . 'Why then', we are asked, 'were not demoniacs called by their proper name of madmen, if they were really such?' In answer to this objection, it may, I apprehend, be safely asserted, that the vulgar language, serving to express the outward and sensible symptoms of the demoniacs, sufficiently answered the end of language, the conveying to us a just idea of their disorder. Nay, the language of the evangelists is much more clear and determinate, and gives us a more perfect notion of the demoniacs, than a general declaration of their insanity would have done. For though the ancients thought all possessed persons to be disordered in their understandings; they did not think every disorder in the understanding to be the effect of possession. Between different demoniacs likewise there was a great distinction made. The moderns reckon three species of madness, the *mirthful*, the *melancholy*, and the *raving*: which, variously compounded, together with anger and boldness, fear and sadness, create a great diversity of phenomena in maniacs. Now the precise difference or distinction between different madmen was well preserved by the vulgar language. For different symptoms of insanity were ascribed to different spirits, and from them received their respective denominations. Hippocrates, in his treatise on the epilepsy, says, that each distinct affection of it was referred to a particular deity as its cause. If persons imitated a goat, their disorder was attributed to the mother of the gods; if they made a noise like a horse, to Neptune; if they foamed and kicked, to Mars. He adds, Wherever there are great terrors in the night, and persons are beside themselves, jumping out of bed, and running out of doors; these things

are said to proceed from Hecate, and the possession of heroes. Accordingly madmen were called (*cerriti*) the possessed by Ceres, or (*larvati*) the possessed by the ghosts of bad men, or distinguished by some other appellation, according to the different symptoms of their respective disorders . . . and these names accordingly described the nature of those distempers . . .

It being known what effects the ancients described by possession, it is impossible we should be ignorant what they meaned by dispossession. If the former phrase was expressive of a disorder, the latter must be so of a cure. The demon and the disorder were originally supposed to bear to each other the relation of cause and effect: and the ceasing of the effect was implied in, and expressed by, the removal of the cause. As the *entrance* of demons into any person denoted his becoming mad, so their *going out*, or *being cast out* of him, necessarily included his coming again to himself . . . From hence it follows, that when we read in the New Testament, that Christ and his apostles *cast out* demons; this must mean, that they *cured* demoniacs; and it can mean no more . . . And therefore when we are told, that the demon threw down a man, who is said to have an unclean spirit, and convulsed him, and then came out of him, and hurt him not; the meaning must be 'that his disorder, which was of the kind ascribed to demoniacal possession, returned upon him with great violence; but though he had usually suffered much pain under the paroxysms of it, our Saviour, the very moment he fell into his fit, interposed for his relief, prevented his pain, and restored him to a state of perfect sanity'.

JOHN MANNING

A PATIENT IN BETHEL HOSPITAL, NORWICH, 1776



Sir

after three examinations of James Bobbet it appears that he is in a Much more composed State of Mind at Present then When he Was at Ipswich, in short so Much so, that We apprehend this to be an Interval of Sanity: for this reason the Governors of Bethel would be very glad to know his State When Dr. Glynn attended him and have therefore desired me to entreat of you Sir, that You Would Procure for them this information from the Doctor

I am Sir your most obedient Servant J. Manning

Norwich 5 Nov.r 1776

Ph: B: Booke Esq.r
Brokes Hall
Near Ipswich

FIG. 94 Letter from John Manning (1730–1806), MD Leyden, LRCP, physician to Bethel Hospital, Norwich from 1758, asking for information about the previous mental history of a patient admitted in 1776.

Bethel, the second oldest hospital in England after Bethlem 'for the reception, maintenance and cure of poor lunaticks' was founded, built and endowed in 1713 by Mrs Mary Chapman of Norwich in gratitude for the preservation of her own reason and in compassion to 'distrest Lunaticks' having seen 'some of my nearest relations and kindred [afflicted] with lunacy' (quoted in *The history of the Bethel Hospital at Norwich* by Sir Frederic Bateman and W. Rye, Norwich, 1906). In 1753 there were twenty-eight patients in the hospital, in 1833 sixty-six, and at the present time 125.

THOMAS WITHERS (1750–1809)

MD Edin., physician to York Hospital; one of the founders of the York Lunatick Asylum which opened in 1777, and of the York Dispensary, 1788

Observations on chronic weakness, 1777 *York, Cadell & Nicoll* pp. 140-3

During the second half of the eighteenth century growing experience of the insane in the charitable institutions and private madhouses which sprung up at this time taught the 'Antimaniac Physician' (as he was called by John Armstrong, poet-physician in *An essay for abridging the study of physick*, 1735) that management was more important than medicines, not only in improving chronic patients but also in promoting recovery of the recent case. Attention was therefore diverted from antimaniacal medicines to devising the most suitable regimen for the daily life and routine of the insane. From this it was but one step to the realisation that the personality of the physician and, as was later recognised, that of keepers or mental nurses, had an appreciable influence on patients for better or worse.

Withers was one of the first who gave thought to the personal qualities needed in a physician dealing with the insane in order to achieve the most from this approach. In an earlier work *Observations on the abuse of medicines*, 1775 he had drawn attention to the harm from over-treatment – a general feature of contemporary practice – and shown how it 'contributed to enhance the dreadful sufferings of the Unfortunate Lunatic', especially the practice to 'bleed them till nature exhausted sinks under the discharge'.

Withers also remarked how important it was not to allow patients' minds to remain idle but to keep them occupied with work which he preferred to filling their time with entertainments and amusements: 'It is business alone which can give a just relish to amusements. Amusements, without business, are too trifling to be the chief objects of a rational being; for the mind, in this situation, conscious of its superior talents, looks down with contempt on the little things in which it finds itself solely engaged'.

THE PERSONALITY OF THE PHYSICIAN

Dejection of spirits is another symptom, which requires the utmost attention of the practitioner to palliate or remove it; for it is generally connected, in this disease, with alarming apprehensions, timidity of mind, and some degree of false imagination. In the proper management of this symptom, there is an opportunity for the physician to show much judgment and address. The very sight of some practitioners does good to their patients. But these are men of an humane and generous disposition. They feel for

their fellow-creatures in distress. Humanity forbids them to increase the uneasiness of their minds, and generosity teaches them to disdain every little consideration of interest, which is not perfectly consistent with the patient's condition in life. Their conversation, which is manly, rational, and untainted with the low deceits of a craft, both sooths and animates the mind. It affords at once entertainment and instruction, social pleasure and rules of health. The physician should study and humor the different dispositions of his patients. The careless should be brought to a sense of their situation by a cautious admonition of their danger. The timid and desponding should be encouraged into the pleasing hope of a recovery by a favorable account of their cases, and by a faithful representation of similar ones which have admitted of successful treatment. There are some patients of such a temper of mind, who, if the practitioner should perceive that they were not so ill as they imagined themselves to be, and then should honestly inform them of his sentiments, would immediately dismiss him as a man ignorant of the disease. Some patients, on the contrary, are happy when the practitioner gives the most favorable report of their case, and are distressed, beyond expression, when he paints it with a gloomy aspect. Such and so great are the differences of opinion, which actuate the human race. The physician, therefore, should be a man of the world. He should be able to read internal characters from external signs. He should not study men and manners in the common superficial way, which consists principally of the knowledge of a few idle, but fashionable, forms and ceremonies, that only require opportunity, some attention, little judgment, but no depth of understanding. He should endeavor to penetrate at once into the mind, and to ascertain with a cautious exactness the ruling passion. He should observe countenances, gestures, words, and actions, and yet seem as perfectly regardless of these things as if he made no observations upon them. He should with all possible care gain the confidence of his patient; and if he should happen to be intrusted with any family secrets, or to be informed of any family distresses, he should act with the utmost regard to honor and humanity. The artful man, without sincerity, is, in my mind, a most detestable object. He is not to be feared by a man of sense, but he is heartily to be despised. The artifice employed by an honest man is an artifice intended to promote the happiness of society. A good heart has great influence on an able head.

JAMES VERE (1700–1779)

Merchant of London, a governor of Bethlem Hospital

A physical and moral enquiry into the causes of that internal restlessness and disorder in man, which has been the complaint of all ages, 1778 *London, White & Sewell* pp. 32-4, 37-8, 138-43

A

PHYSICAL AND MORAL

ENQUIRY

Into THE CAUSES of

That Internal Reſtleſsneſs and Diſorder

IN MAN,

Which has been the Complaint of All Ages.

A Native Strife in every Boſom reigns,
And impiouſly a ſecret War maintains.
ROWE's PYTHAGORAS.

By JAMES VERE, Esq.

Printed for B. WHITE in Fleet Street;
and J. SEWELL in Cornhill.

MDCCLXXVIII.

FIG. 95 Title-page of James Vere's *Enquiry* . . . , 1778.

Vere explained 'nervousness' – anxiety – to which civilised man is prone in terms of 'internal war' – conflict – between 'the lower order of instinct' and the 'moral instincts'. This theory sounds Freudian in its concept of instinctual drives being opposed by super-ego or conscience, and like the pleasure/pain principle of the libido theory of psycho-analysis was based on the antagonism between 'desire' and 'aversion'. In fact the very title of Vere's book recalls Freud's *Civilization and its discontents*, 1930.

NERVOUSNESS

It has been often observed, that the lower order of instincts, which are common to men and other animals, are exerted chiefly, if not wholly, in the preservation and continuance of their existence. But the intellectual moral instincts have a much more extensive power and influence. And, although they co-operate with those, which are annexed to animal life, for all the good purposes of self-preservation; yet wherever that partiality or self-love prevails, which is inherent in every individual, and often carries the man to trespass upon that good order which Providence has established; there these intellectual, moral instincts are often found to interpose; and, from their immutable attachment to truth and equity, are so far from

uniting with those seducing affections, that they fail not to oppose every act of immorality; and carry along with them an evidence of regret and reproach; thus creating a sort of internal war, which divides the man against himself: and hence a large share of disquiet and restlessness will be the unavoidable consequence . . .

The two great principles, which actuate all animated bodies, are appetite or desire, and aversion or dislike. But in the accomplishment of their ends, namely, the gratification of desire, and the repelling whatever men dislike, these principles cannot in the usual rotation of things operate always with success. Hence nature will be impressed with some inconvenience, and also stamped with some particular mark or character, whereby to express the absence of any good that is wanted, or the presence of any ill that is felt. And from this source certain sensations will arise, which are usually distinguished by the name of passions. For example, desire or aversion when successful gives ease; but if opposed by any rival power, then anger will arise. If their operations are attended with great danger, fear will ensure. And when their aim is wholly interrupted by a conscious inability of success, grief in general will be the consequence . . .

It has been already explained from what source, and in what manner, the animal spirits are formed, which are subservient to the will of man: it has likewise been observed, that, in order to his performing any one single act, some portion of these spirits is directed to every such particular exertion as is necessary to accomplish whatever business he has in hand. They must therefore be attendant on all that variety of images which arise in the mind, from whatever cause they proceed; whether from desire, aversion, reason, caprice, &c.: and from hence the vital spirits will often run into hurry and tumult, by being thus engaged to minister in designs and services of great contrariety to each other . . . as often as our spirits are provoked and exerted beyond the salutary purposes of life, some kind of disorder and disquiet will be the unavoidable consequence . . . One would imagine that these disagreeable sensations would incline men to regulate their wild desires; to adjust their conduct to their state and constitution; and by no means to aggravate their uneasiness by abusing and overstraining the powers of nature: that they would incline them to compose their agitated and ruffled spirits; and then their minds would clear up . . . Every man then may feel the importance of being furnished with humours of such a proper texture; since on this seemingly depends a great part of the felicity which he is capable of enjoying in this temporary state.

THOMAS ARNOLD (1742–1816)

MD Edin., FRCP Edin., physician to the Leicester Infirmary and Lunatic Asylum; owner of Belle Grove Asylum

Observations on the nature, kinds, causes, and prevention of insanity, lunacy, or madness, 1782-6. 2 Vols. *Leicester, Robinson & Cadell* (pp. [iv] +xvi +324 +viii; [iv] +xii +541 +iv). Vol. 1, pp. 72-4, 80, 89, 125, 129-30, 136-7, 144, 158, 172, 177-8, 180, 195-6, 199-200, 207, 213, 216-7, 220-1, 224, 235-6, 311-4, 316, 319

Second edition London 1806

OBSERVATIONS
ON THE
NATURE, KINDS, CAUSES,
AND PREVENTION OF
INSANITY,
LUNACY,
OR
MADNESS.

BY THOMAS ARNOLD, M. D.

VOL. I.
CONTAINING
OBSERVATIONS ON THE NATURE, AND VARIOUS KINDS OF INSANITY.

Ταράσσει τὰς ἀνθρώπους, ὐ τὰ πράγματα, ἀλλὰ τὰ περὶ τῶν πραγμάτων δόγματα.
EPICTETI *Enchirid.* Cap. X.
Men are not diſturbed by things themſelves; but by the opinions which they form concerning them.

And moody Madneſs laughing wild
Amid ſevereſt woe. GRAY.

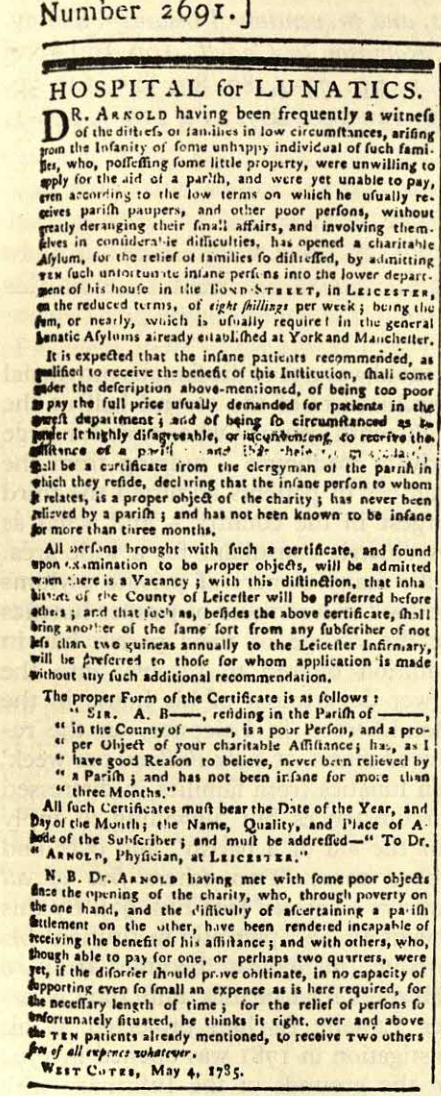
LEICESTER:
PRINTED BY G. IRELAND, FOR G. ROBINSON, IN PATER-NOSTER-ROW, AND T. CADELL, IN THE STRAND, LONDON. M.DCC.LXXXII.

FIG. 96 Title-page of volume 1 of the first two-volume work on psychiatry, Arnold's *Observations on . . . insanity*, 1782/6.

Arnold was one of the famous provincial psychiatrists of the second half of the eighteenth century who owned a large private madhouse – judging from the number of patients admitted the third largest in the country – and acted as psychiatric consultant for a wide area. Like many owners of private asylums he took in a number of pauper lunatics at the charge of their parish but in addition offered to receive 'into the lower department of his house in the Bond-Street, in Leicester, on the reduced terms, of *eight shillings* per week' ten lunatics from families in distressed circumstances but 'unwilling to apply for the aid of a parish', and over and above these 'Two others *free of all expence whatever*' [see FIG. 97]. By this 'generous and patriotic institution' his private madhouse became truly a 'Hospital for Lunatics' until the Leicester Lunatic Asylum projected at his instigation in 1781 was opened in 1794 in the grounds of the Infirmary with him as its first physician.

Unlike Perfect (1787) who aimed at no more than presenting a variety of cases to illustrate his cures, and Pargeter (1792) who set out to show the possi-

bilities of management by the direct human approach, Arnold wrote a much more ambitious and systematic treatise, really a textbook. It was the first two-volume work on psychiatry in this country and modern also for the point Arnold made of giving accurate references for all his quotations having himself 'frequently experienced much inconvenience; often a great waste, and sometimes a total loss, both of time, and labour; by a loose, and negligent mode of reference from one author to another'. Volume I was devoted to classification with a chapter on postmortem appearances; volume II dealt with the causes of insanity. A third volume on treatment to which I and II were preparatory appeared independently as *Observations on the management of the insane; and particularly on the agency and importance of humane and kind treatment in effecting their cure*, 1809 (pp. viii+61). Its purpose was 'to give a general outline of the best means of overcoming the violence, composing the perturbations, and regulating the conduct . . . of the insane . . . to urge the importance of mild and indulgent treatment . . . and to evince the great value and efficacy of good nourishment and assiduous nursing'. It was written from 'the experience . . . of two and forty years' of treating the insane 'in my own house . . . in which *two-thirds* . . . have been sent home again to their friends, perfectly restored to soundness of mind and understanding. In the Leicester Lunatic Asylum . . . under my direction . . . the number of patients discharged *cured*, has been in like manner upon an average *two to one*'. The book gives a good picture of the difficulties encountered by the early reformers who wanted to improve the lot of the insane. They lacked not only funds, proper buildings, good attendants, and of course precedents, but their main problem was how to deal with violent patients. These made up a large proportion because many asylums, like Leicester, only admitted acute cases, ill for less than six to twelve months, and in any case parishes



Number 2691.]

HOSPITAL for LUNATICS.

DR. ARNOLD having been frequently a witneſs of the diſtreſs of families in low circumſtances, ariſing from the Infanity of ſome unhappy individual of ſuch families, who, poſſeſſing ſome little property, were unwilling to apply for the aid of a pariſh, and were yet unable to pay, even according to the low terms on which he uſually receives pariſh paupers, and other poor perſons, without greatly deranging their ſmall affairs, and involving themſelves in conſiderable difficulties, has opened a charitable Aſylum, for the relief of families ſo diſtreſſed, by admitting TEN ſuch unfortunate inſane perſons into the lower department of his houſe in the Horſe-STREET, in LEICESTER, on the reduced terms, of *eight ſhillings* per week; being the ſum, or nearly, which is uſually required in the general Lunatic Aſylums already eſtabliſhed at York and Manchester.

It is expected that the inſane patients recommended, as qualified to receive the benefit of this Inſtitution, ſhall come under the deſcription above-mentioned, of being too poor to pay the full price uſually demanded for patients in the worſt department; and of being ſo circumſtanced as to render it highly diſagreeable, or inconvenient, to receive the aſſiſtance of a pariſh [illegible] and [illegible] There muſt be a certificate from the clergyman of the pariſh in which they reſide, declaring that the inſane perſon to whom it relates, is a proper object of the charity; has never been relieved by a pariſh; and has not been known to be inſane for more than three months.

All perſons brought with ſuch a certificate, and found upon examination to be proper objects, will be admitted when there is a Vacancy; with this diſtinction, that inhabitants of the County of Leiceſter will be preferred before others; and that ſuch as, beſides the above certificate, ſhall bring another of the ſame ſort from any ſubſcriber of not leſs than two guineas annually to the Leiceſter Infirmary, will be preferred to thoſe for whom application is made without any ſuch additional recommendation.

The proper Form of the Certificate is as follows:

"SIR, A. B——, reſiding in the Pariſh of ——, "in the County of ——, is a poor Perſon, and a proper Object of your charitable Aſſiſtance; has, as I "have good Reaſon to believe, never been relieved by "a Pariſh; and has not been inſane for more than "three Months."

All ſuch Certificates muſt bear the Date of the Year, and Day of the Month; the Name, Quality, and Place of Abode of the Subſcriber; and muſt be addreſſed—"To Dr. "ARNOLD, Phyſician, at LEICESTER."

N. B. Dr. ARNOLD having met with ſome poor objects ſince the opening of the charity, who, through poverty on the one hand, and the difficulty of aſcertaining a pariſh ſettlement on the other, have been rendered incapable of receiving the benefit of his aſſiſtance; and with others, who, though able to pay for one, or perhaps two quarters, were yet, if the diſorder ſhould prove obſtinate, in no capacity of ſupporting even ſo ſmall an expence as is here required, for the neceſſary length of time; for the relief of perſons ſo unfortunately ſituated, he thinks it right, over and above the TEN patients already mentioned, to receive TWO others *free of all expence whatever*.

WEST COTES, May 4, 1785.

FIG. 97 Advertisement in *The Leicester Journal* 7 May 1785 of Thomas Arnold's unique 'charitable Asylum' (*Leicester Public Library*).

would only shoulder the cost of hospital maintenance for the severely disturbed and disturbing. In this light Arnold's sincere sentiment that '*Chains* should never be used but in the case of poor patients, whose pecuniary circumstances will not admit of such attendance as is necessary to procure safety without them' may be taken as a measure of the social limitations and impediments to psychiatric progress rather than as evidence of any inherent backwardness of the specialty or an unwillingness of psychiatrists to advance on old methods.

Historically Arnold's importance was that he attempted a new classification of insanity by mental symptoms 'drawn with some care and exactness immediately from nature' rather than by arbitrary or social assessment of degree of madness, prevailing affective state or presence of fever. He made two main divisions, 'ideal' and 'notional' that is hallucinatory and delusional insanity, with numerous subdivisions supported by case histories gathered from the literature and his own practice, some of which read like descriptions in modern textbooks. Although he hoped that it would lead 'to greater certainty, and precision, in our knowledge of the disorder, and to greater efficacy in our methods of cure' his distinctions and definitions were too detailed and finical for practical use. In consequence they were never accepted and disowned even by his revered teacher Cullen. However Arnold's attention to clinical detail and his thorough historical survey set an entirely new standard of scientific scholarship in psychiatric literature. James Boswell recommended 'whoever wishes to see the opinions both of the ancients and moderns upon this subject, collected and illustrated with a variety of curious facts, may read Dr. Arnold's very entertaining work' (*Life of Johnson*).

CLASSIFICATION OF MENTAL DISEASES

Insanity, as well as delirium, may be considered as divisible into two kinds; one of which may be called Ideal, – and the other Notional Insanity.

Ideal Insanity is that state of mind in which a person imagines he sees, hears, or otherwise perceives, or converses with, persons or things, which either have no external existence to his senses at that time; – or have no such external existence as they are then conceived to have: – or, if he perceives external objects as they really exist, has yet erroneous and absurd ideas of his own form, and other sensible qualities: – such a state of mind continuing for a considerable time; and being unaccompanied with any violent or adequate degree of fever . . .

Notional Insanity is that state of mind in which a person sees, hears, or otherwise perceives external objects as they really exist, as objects of sense; yet conceives such notions of the powers, properties, designs, state, destination, importance, manner of existence, or the like, of things and persons, of himself and others, as appear obviously, and often grossly erroneous, or unreasonable, to the common sense of the sober and judicious part of mankind. It is of considerable duration; is never accompanied with any great degree of fever, and very often with no fever at all . . .

Insanity, or delirium, according to the above account of them, cannot with propriety be said to exist, but where the Judgment is deceived, the

Affections are misguided, or the Conduct is perverted, by some delusive perception, or some notion palpably erroneous, or absurd . . .

There is, indeed, some difficulty in determining the boundaries between what may not improperly be called moral and medical Insanity. Several of the antient philosophers, and particularly Socrates, and the Stoics, considered every foolish, or vitious person, as insane, or morally mad; and only to be distinguished from the actually and medically mad, by the degree of disorder.

I. Ideal Insanity

1. In *Phrenitic* Insanity the patient Raves Incessantly . . . and scarcely knows, or attends to external objects about him; and when he does perceive external objects, is apt to perceive them erroneously . . .

2. *Incoherent* Insanity . . . may arise – from a too active, and almost phrenitic state of the brain; – from that kind of active state of the brain which occasions a flightiness of imagination . . . and from that state of the brain, in which there is a great defect of memory . . .

3. *Maniacal* Insanity . . . is . . . perhaps, the most comprehensive; since it extends its dominion over the Whole Internal World of Ideas, and comprehends every possible combination of sensible images which can enter into, and delude, a distempered brain . . .

4. By *Sensitive* Insanity I mean that in which the disorder shows itself chiefly, or remarkably, in the Erroneous Images which are excited in the mind, relative to the person's own Form, Substance, or other Sensible Qualities.

II. Notional Insanity

5. I have placed first in order under this division, that species of Insanity which . . . has a peculiar title to the appellation of *Delusive*, because . . . with the sound and unimpaired use, in every other respect, of the rational faculties, which in some cases have even been observed to be remarkably acute, the Patient, in relation to some particular subject, or subjects, is Under the Influence of the most Palpable, and extraordinary Delusion . . . Under this variety may be enumerated the cases of such as have imagined themselves to be dead, – to be deprived of their proper nature as human beings . . .

6. *Fanciful* Insanity . . . displays itself in almost incessant talking, accompanied with frequent sallies of wit, quick repartee, acute observation, ready invention, lively, and even brilliant fancy, and, in a variety of respects, with much appearance of genius; and arises from a rapid succession of vivid, and sprightly, images; and a wonderful aptitude to catch at the slightest associations, and to run through all the relations, whether natural, or accidental, of whatever objects may chance to present themselves . . .

7. In *Whimsical* Insanity the patient is possessed with absurd, and

Whimsical fancies, aversions, fears, scruples, and suspicions . . .
8. I call that *Impulsive* Insanity, in which the patient is Impelled to do, or say, what is highly imprudent, improper, unreasonable, impertinent, ridiculous, or absurd, without sufficient, with very slight, or with no apparent cause . . . But as we cannot easily conceive of conduct without motives . . . we may . . . rest satisfied that the conduct of these sorts of patients is regulated by notions, however they may conceal themselves from our observation . . .
9. In *Scheming* Insanity the patient thinks himself . . . by his superior knowledge, or cunning, capable of doing great things, which few, or none, but himself, are able to accomplish . . .
10. The *Vain*, or *Self-Important* Insanity; with which they who are possessed, have a very exalted opinion of their own imaginary dignity, consequence, opulence . . . learning, or of some other valuable quality . . .
11. In *Hypochondriacal* Insanity the patient is for ever in distress about his own State of Health, has a variety of Disagreeable, and sometimes Painful Feelings, to which he is ever anxiously attentive, and from which he can rarely divert his thoughts, either to business, or amusement . . .
12. *Pathetic* Insanity exhibits a striking and melancholy picture, of the empire of the passions. In this species of Insanity some One Passion is in full, and complete possession of the mind; triumphs in the slavery, or desolation, of reason; and even exercises a despotic authority over all the other affections, which are rarely permitted to exert themselves but in the aid, or to appear but in the train, of this master passion . . . all, or nearly all, the varieties of this species of Insanity, are accompanied with distress, dejection, anxiety, or restlessness of mind . . .
13. In *Appetitive* Insanity there is an immoderate, and ungovernable, desire, of gratifying an Appetite . . . a disorder of this sort in men, has already acquired the appellation of Satyriasis; and, in the other sex, that of Nymphomania.

I have already mentioned that all these species of Insanity may be variously combined, and frequently interchange, one with another. It may be proper farther to remark, that the same patient sometimes goes through several kinds of Insanity, – which may be reckoned in such cases, as so many degrees, or stages, – during the course of the same illness. Of these combinations, and changes, there is almost an endless variety. One remarkable, and not uncommon transition of Insanity, is from great dejection, and distress, to ease and chearfulness, and sometimes to an uncommon flow of spirits. But most frequently it retains its character of liveliness, or anxiety, elevation, or depression . . . It may, also, be noticed, that Insanity appears sometimes to be Epidemic; and either to derive its origin from some accidental, and temporary, state . . . or to take its peculiar turn from the prevailing notions, and fashionable prejudices, of the times, or places, in which it occurs.

WILLIAM FINCH

THE CURE OF LUNATICS, 1779

IN Clerkenwell-Cloſe, where the Figure of Mad People are over the Gate; Liveth one, who by the Bleſſing of God, Cures all Lunitck diſtracted or Mad People, he ſeldom exceeds 3 Months in the Cure of the Maddeſt perſon that comes in his Houſe, ſeveral have been Cur'd in a Fortnight, and ſome in leſs time; he has cur'd ſeveral from Bedlam and other Mad-Houſes in and about this City, and has Convenency for People of what Quality ſoever. No Cure no Money. He likewiſe Cures the Dropſy infallibly, and has taken away from ſome 10, 12, 15 and 20 Gallons of Water dy Stool and Urine, with a gentle Preparation; he Cures them that are 100 Miles off, as well as them that are in Town; and if any are deſirous, they may have a Note at his Houſe, of ſeveral that he has Cured.

, next the *R.d-Croſs* Tavern in *Black-Friars.*

FIG. 98 A Clerkenwell quack of the 'No Cure no Money' variety advertising in *The Post Boy*, 1700, no. 741 (*British Museum*).

The evolution of the unqualified keeper of a private madhouse of the eighteenth century (the successor to the quack of the seventeenth century of the type whose advertisement is shown in FIG. 98) to the medically qualified specialist in insanity of the nineteenth century can be followed in a number of families like that of Finch and of which other examples are Cox (1806) and Bakewell (1815). Finch's grandson (of the same name) added a medical training to the practical experience handed down to him of 'curing people disordered in their senses' and as 'Surgeon, and Keeper of an Asylum for insane persons at Laverstock, near Salisbury' housing 100 patients gave evidence before the Parliamentary Committee 1815, and again in 1828 before the Select Committee of the House of Lords as William Finch, MD Aberdeen. Incidentally Laverstock House closed only during the second World War.

CURE of LUNATICS.

WILLIAM FINCH, of MILFORD, near Saliſbury, having for many years had great ſucceſs in curing people diſordered in their ſenſes, takes the liberty to acquaint the pubic, that he ſtill continues to take charge of unhappy perſons of both ſexes in every ſtage of that malady. The many cures he has performed on Lunatics ſent from different parts of the kingdom, particularly from the counties of Dorſet, Hants, and Wilts, can be atteſted by Gentlemen of great credit and veracity. It is with the greateſt ſatisfaction he can ſay, that every perſon he has had charge of, has, with the bleſſing of God, been cured and diſcharged from his houſe perfectly well. The friends of ſuch unfortunate perſons who are committed to his care, may depend on their being treated with the greateſt tenderneſs and humanity, by their faithful humble ſervant, WILLIAM FINCH, Milford.

FIG. 99 William Finch of Milford advertising in *The Salisbury and Winchester Journal* 8 February 1779.

WILLIAM CULLEN (1710–1790)

MD Glasgow, Fellow and President RCP Edin., FRS; professor of medicine, Glasgow University, 1751–5; professor of chemistry, Edinburgh University, 1755–66; then until his death professor of the institutes of medicine and from 1773 also professor of the practice of physic, Edinburgh

1. *First lines in the practice of physic*, 1784 *Edinburgh, Elliot* Fourth edition, 4 vols. Vol. 3, pp. 121-3; vol. 4, pp. 111-5, 119-23, 126, 129-31, 139, 141-3, 151, 153-4
   (Volume I first published 1777; vol. II 1780, together with vol. I called second edition; vol. III 1783, together with vols. I & II called third edition; vol. IV 1784, together with preceding vols. called fourth edition and several times republished and translated into French, German, Italian and Latin.)

2. *Nosology: or, a systematic arrangement of diseases, by classes, orders, genera, and species; with the distinguishing characters of each, and outlines of the systems of Sauvages, Linnæus, Vogel, Sagar, and Macbride*, 1800 *Edinburgh, Creech* pp. 130-5

   First published in Latin, Edinburgh 1772

In the second half of the eighteenth century Edinburgh developed into the most important medical school in the British Isles and Cullen became its most influential teacher. Clinical instruction was given in the wards, lectures were held in the vernacular, and students could qualify there who had not the money, time or right – if they were non-jurors – to enter Oxford or Cambridge. A number of Cullen's pupils who became famous took a special interest in nervous and mental diseases, among them Thomas Arnold, Alexander Crichton, John Ferriar, William S. Hallaran, Thomas Trotter and Benjamin Rush, first American psychiatrist. Through them Cullen's views on insanity gained wide and lasting currency. On the Continent his ideas were spread by Philippe Pinel whose first medical publication was a translation into French of the fourth edition of Cullen's *First Lines* (Paris 1785), the one in which insanity was first discussed and which is quoted here. Vicenzio Chiarugi, leading Italian psychiatrist, wrote 'my observations on the general causes of insanity agree particularly with Cullen's theories whom one must acknowledge as the one who has brought most light to this obscure subject' (*Della pazzia in genere, e in specie*, 1793–4, Florence).

Cullen was one of the systematizers of the eighteenth century who believed that pathological theory and clinical knowledge had advanced sufficiently to necessitate reclassification and rearrangement of diseases as the next step in the

progress of medicine. Accordingly he introduced the nosological systems of Sauvages, Linné and Vogel (from whom he introduced the term 'paranoia' into the English literature) and modified them into a system of his own as an improvement on those of Boerhaave, Stahl and Hoffmann then in use. He wrote: 'I judged it . . . to be my duty . . . to publish a Text-book' based on 'a system of physic that should comprehend the whole of the facts relating to the science, and that will, I hope, collect and arrange them in better order than has been done before'. However, having at his disposal next to no facts about etiology, he grouped them into four Classes by a mixture of symptomatology and pathological speculation as follows: 'Pyrexiæ' (febrile diseases), 'Neuroses' (nervous diseases), 'Cachexiæ' (wasting diseases), 'Locales' (local diseases). With unbending logic he subdivided these further into Orders and Species. 'Of necessity in such a system' wrote Sir Charles Bell 'nominal varieties are made diseases when there is no real distinction; and diseases of totally different nature are classed together' (*Appendix to the Papers on the Nerves . . . containing consultations and cases*, 1827, p. 2). For instance, as almost nothing was known of neuro-physiology and -pathology and little of neuro-anatomy he classed 'Dysæsthesiæ' (sensory disturbances), 'Dysorexiæ' (disturbances of appetite) and 'Dyscinesiæ' (disturbances of peripheral motion) not under 'Neuroses' but under 'Locales'. The 'Neuroses' – a term he introduced – were subdivided into four Orders: 'Comata' (including apoplexy and paralysis), 'Adynamiæ' (including syncope, dyspepsia and hypochondriasis), 'Spasmi' (including tetanus, chorea, epilepsy, palpitation, dyspnœa, pertussis, cholic, diabetes and hysteria) and 'Vesaniæ'. The 'Vesaniæ' or insanities proper were further subdivided into four Species as shown in the second extract.

Cullen's concept of 'Neuroses' was the heir to Thomas Willis's (1667) 'diseases of the brain and nervous stock', Sydenham's (1682) 'hysteric disorders' and Whytt's (1765) 'nervous disorders'. Following their lead he thought the time had come to replace the old pathological theories which were based on the 'circulation of the blood, or the nature of the humours' by the then modern theories of disturbed nervous function. So was introduced into medicine the term 'neurosis' and its adjective 'neurotic' which are still part of our everyday vocabulary. Unavoidably many of the old confusions were perpetuated, even fresh ones added: 'How could it be otherwise; how was it possible that the diseases of different classes of nerves could be distinguished by observation merely, when these nerves appeared to the anatomist confused as an unravelled skein of threads' (Charles Bell, *ibid.*). In the course of time Cullen's neuroses melted away into many distinct neurological and systemic diseases but the term retained its essential meaning of disordered nerve function without structural pathology until a hundred years later when the prefix 'psycho-' was added for nervous disorders caused psychologically. Today the wheel has turned full circle: 'psycho-neurosis' is often abbreviated to 'neurosis' to designate minor psychological maladies in a sense diametrically opposed to Cullen's.

Having classed the 'Vesaniæ' under 'Neuroses' Cullen speculated on the nature of the nervous disturbance underlying mental illness. He suggested that many of its symptoms could be explained by assuming that different parts of the brain were at one and the same time in unequal states of 'excitement' and 'collapse', an explanation of the insane state which impressed both Pinel and Chiarugi and was the starting point of Henry Monro's (1851) theory of 'irritable

excess of function of lower nerve centres' while 'higher centres were "depressed"'. This in turn led J. Hughlings Jackson (1881) to his concept of 'dissolution in the nervous system'.

In the age-old dispute whether madness was a fault of the passions, imagination or reason, Cullen's 'neurotic' bias led him to come down on the side of faulty intellect. Whereas Battie (1758) held the progressive view that 'deluded imagination' was the essential disturbance which at least opened the door to psychological investigation, Cullen attributed insanity to 'lesions in our judging faculty' which made nonsense of a psychological approach but invited treatment aimed at coercing patients into straight thinking and accepting reason. And indeed he advocated and so gave fresh impetus to the harsh repressive treatments of old which the next fifty years struggled so hard to do away with: vomits, purges, blows, stripes, surprize-baths, copious bleedings and meagre diet. 'Restraint' he wrote 'is also to be considered as a remedy . . . and the strait-waistcoat answers every purpose better than any other . . . restraint is . . . useful, and ought to complete', and it is therapeutic to inspire the insane with awe and fear, each 'being a passion that diminishes excitement'. In fairness to Cullen it must be added that these views were derived theoretically; he had little practical experience since besides twelve 'cells' in the basement of the Edinburgh Infirmary and a Bedlam attached to the City Workhouse there was no public provision for lunatics in Edinburgh until the Royal Asylum opened in 1813.

THE NEUROSES AND VESANIÆ

In a certain view, almost the whole of the diseases of the human body might be called *nervous*: but there would be no use for such a general appellation; and, on the other hand, it seems improper to limit the term, in the loose inaccurate manner in which it has been hitherto applied, to hysteric and hypochondriacal disorders, which are themselves hardly to be defined with sufficient precision. In this place I propose to comprehend, under the title of *neuroses*, all those preternatural affections of sense and motion, which are without pyrexia as a part of the primary disease; and all those which do not depend upon a topical affection of the organs, but upon a more general affection of the nervous system, and of those powers of the system upon which sense and motion more especially depend . . . These I again distinguish, as they consist, either in the interruption and debility of the powers of sense and motion, or in the irregularity with which these powers are exercised; and have accordingly arranged them under the four orders of *Comata*, *Adynamiæ*, *Spasmi*, and *Vesaniæ*.

Of vesaniæ, or of the disorders of the intellectual functions. The Nosologists, Sauvages and Sagar, in a class of diseases under the title of *Vesaniæ*, have comprehended the two orders of *Hallucinationes* or False Perceptions, and of *Morositates* or Erroneous Appetites and Passions; and in like manner Linnæus in his class of *Mentales*, corresponding to the Vesaniæ of Sauvages, has comprehended the two orders of *Imaginarii* and *Pathetici*,

nearly the same with the *Hallucinationes* and *Morositates* of that author. This, however, from several considerations, appears to me improper; and I have therefore formed a class of Vesaniæ nearly the same with the *Paranoiæ* of Vogel, excluding from it the Hallucinationes and Morositates, which I have referred to the Morbi Locales. Mr Vogel has done the like, in separating from the Paranoiæ the false perceptions and erroneous appetites; and has thrown these into another class, to which he has given the title of Hyperæstheses. It is indeed true, that certain hallucinationes and morositates are frequently combined with what I propose to consider as strictly a vesania or an erroneous judgment; and sometimes the hallucinationes seem to lay the foundation of, and to form almost entirely, the vesania. But . . . they are . . . to be considered as symptoms of this only. In like manner I judge with respect to the morositates, or erroneous passions, that accompany vesania; which, as consequences of a false judgment, must be considered as arising from the same causes, and as symptoms only, of the more general affection . . .

The limitation, therefore, of the class of Vesaniæ to the lesions of our judging faculty, seems from every consideration to be proper. The particular diseases to be comprehended under this class, may be distinguished according as they affect persons in the time of waking or of sleeping. Those which affect men awake, may again be considered, as they consist in an erroneous judgment, to which I shall give the appellation of *Delirium*; or they consist in a weakness or imperfection of judgment, which I shall name *Fatuity* . . . Delirium, then, may be more shortly defined, – In a person awake, a false judgment arising from perceptions of imagination, or from false recollection, and commonly producing disproportionate emotions. Such delirium is of two kinds; as it is combined with pyrexia and comatose affections; or, as it is entirely without any such combination. It is the latter case that we name *Insanity*; and it is this kind of delirium only, that I am to treat of here . . .

Although this disease seems to be chiefly, and sometimes solely, an affection of the mind; yet the connection between the mind and body in this life is such, that these affections of the mind must be considered as depending upon a certain state of our corporeal part . . . in assuming this last proposition, a very great difficulty immediately presents itself. Although we cannot doubt that the operations of our intellect always depend upon certain motions taking place in the brain . . . yet these motions have never been the objects of our senses, nor have we been able to perceive that any particular part of the brain has more concern in the operations of our intellect than any other. Neither have we attained any knowledge of what share the several parts of the brain have in that operation; and therefore, in this situation of our science, it must be a very difficult matter to discover those states of the brain that may give occasion to the various state of our intellectual functions. It may be observed, that the different state of the motion of the blood in the vessels of the brain has

some share in affecting the operations of the intellect . . . but it is evident that the operations of the intellectual functions ordinarily go on, and are often considerably varied, without our being able to perceive any difference either in the motions or in the condition of the blood. Upon the other hand, it is very probable that the state of the intellectual functions depends chiefly upon the state and condition of what is termed the Nervous Power, or, as we suppose, of a subtile very moveable fluid, included or inherent, in a manner we do not clearly understand . . .

To that state in which the mobility and force [of the Nervous Power] are sufficient for the exercise of the functions, or when these states are any way preternaturally increased, I give the name of *excitement*; and to that state in which the mobility and force are not sufficient for the ordinary exercise of the functions, or when they are diminished from the state in which they had been before, I give the name of *Collapse* . . . From all this, I think it will clearly appear, that not only the different states of excitement and collapse can take place in different degrees, but that they can take place in different parts of the brain, or at least with respect to the different functions, in different degrees . . . This clearly shows, that delirium may depend, and I shall hereafter endeavour to prove that it commonly does depend, upon some inequality in the excitement of the brain . . . For though we cannot say that the vestiges of ideas are laid up in different parts of the brain, or that they are in some measure diffused over the whole, it will follow upon either supposition, that as our reasoning or intellectual operations always require the orderly and exact recollection or memory of associated ideas; so, if any part of the brain is not excited, or not excitable, that recollection cannot properly take place, while at the same time other parts of the brain, more excited and excitable, may give false perceptions, associations, and judgments . . .

We know that there have been many instances of insanity from which the persons have entirely recovered; and it is difficult to suppose that any organic lesions of the brain had in such cases taken place. Such transitory cases, indeed, render it probable, that a state of excitement, changeable by various causes, had been the cause of such instances of insanity . . .

Having thus endeavoured to investigate the cause of insanity in general, it were to be wished that I could apply the doctrine to the distinguishing the several species of it, according as they depend upon the different state and circumstances of the brain, and thereby to the establishing of a scientific and accurately adapted method of cure. These purposes, however, appear to me to be extremely difficult to be attained; and I cannot hope to execute them here . . . The ingenious Dr Arnold has been commendably employed in distinguishing the different species of insanity as they appear with respect to the mind; and his labours may hereafter prove useful, when we shall come to know something more of the different states of the brain corresponding to these different states of the mind; but at present I can make little application of his numerous distinctions . . . I

must go on to consider them under the two heads of Mania and Melancholia: and though I am sensible that these two genera do not comprehend the whole of the species of insanity.

Restraining the anger and violence of madmen is always necesssary for preventing their hurting themselves or others; but this restraint is also to be considered as a remedy. Angry passions are always rendered more violent by the indulgence of the impetuous motions they produce . . . Restraint, therefore, is useful, and ought to be complete; but it should be executed in the easiest manner possible for the patient, and the strait waistcoat answers every purpose better than any other that has yet been thought of . . . Fear being a passion that diminishes excitement, may therefore be opposed to the excess of it; and particularly to the angry and irascible excitement of maniacs. These being more susceptible of fear than might be expected, it appears to me to have been commonly useful. In most cases it has appeared to me necessary to employ a very constant impression of fear; and therefore to inspire them with the awe and dread of some particular persons, especially of those who are to be constantly near them. This awe and dread is therefore, by one means or other, to be acquired; in the first place, by their being the authors of all restraints that may be occasionally proper; but sometimes it may be necessary to acquire it even by stripes and blows. The former, although having the appearance of more severity, are much safer than strokes or blows about the head. Neither of them, however, should be employed further than seems very necessary.

NOSOLOGY OF THE VESANIÆ

ORDER IV. VESANIÆ. The judgement impaired, without pyrexia or coma.

AMENTIA. Imbecility of the judgment, by which the relations of things are either not perceived, or not remembered.

1. Amentia *congenita*, continuing from birth. 2. Amentia *senilis*, from decay of perception and memory, in old age. 3. Amentia *acquisita*, induced by evident external causes in men of sound judgment . . .

MELANCHOLIA. Partial insanity, without dyspepsia. It varies according to the various subjects which induce it.

a. With false perception of the state of the patient's health, conceived to be dangerous from slight causes; or from despondence with regard to the state of his affairs. b. With false perception of the prosperous state of the patient's affairs. c. With vehement love, but without satyriasis or nymphomania. d. With superstitious fear of the future. e. With aversion to motion and all the offices of life. f. With inquietude and impatience in

every situation. g. With weariness of life. h. With false conception of the nature of the person's species . . .

I do not allow that there is any true Dæmonamania; and in my opinion the species recorded by Sauvages are either, 1. Species of Melancholia or Mania, as Dæmonomania fanatica & Indica; 2. Diseases falsely referred by spectators to the power of demons, as Dæmonomania a vermibus, Polonica & a cardiogma; 3. Feigned diseases, as Dæmonomania sagarum, vampirismus & simulata; or, 4. Diseases partly real (as 2.) or partly feigned (as 3.) Demonomania hysterica.

MANIA. Universal insanity.

1. Mania *mentalis*, arising from affection of the mind. 2. Mania *corporea*, arising from evident corporeal derangement. This varies according to the diversity of the disease . . . 3. Mania *obscura*, preceded by no passion of the mind, or evident bodily derangement. The symptomatic species of Mania are, a. Paraphrosyne from poisons. b. Paraphrosyne from passion. c. Febrile paraphrosyne.

ONEIRODYNIA. Inflamed or disturbed imagination during sleep.

1. Oneirodynia *activa*, inciting persons to walking and to various motions. 2. Oneirodynia *gravans*, a sense of incumbent weight generally oppressing the breast.

FRANZ ANTON MESMER (1734–1815)

MD Vienna, physician of Vienna and Paris; founder of mesmerism

Report of Dr. Benjamin Franklin and other Commissioners, charged by the King of France with the examination of the animal magnetism, as now practised at Paris. Translated from the French, 1785 *London, Johnson* pp. 19-28, 97-8, 105-6

Of all the branches of medicine psychiatry has the fewest eponyms and of these few most refer to what are properly neurological diseases, Huntington's chorea for instance and Korsakov's psychosis. The unique honour of having given to the English language a noun, verb and adjective belongs to Mesmer, an obscure Swabian whose confused doctrine of an universal magnetic fluid influencing tides and men alike led directly to large scale investigation of psychological phenomena and so sired much of what is known today of psychopathology and psychotherapy.

After an early training in philosophy Mesmer graduated MD Vienna in 1766 on a thesis entitled *De planetarum influxu* in which he resuscitated the ancient doctrine of the influence of the heavenly bodies especially the sun and moon on human affairs in health and sickness. He drew freely on Richard Mead's *De imperio solis ac lunæ in corpora humana et morbis inde oriundis,* 1704 (second edition, 1746; English translation 1708 and 1748 as *A treatise concerning the influence of the sun and the moon upon human bodies, and the diseases thereby produced*) which adduced the forces of universal gravitation recently discovered by Isaac Newton as responsible also for epidemic and periodic diseases. Mead believed that the nervous system was especially susceptible to this influence since 'the nervous fluid' is 'composed of extremely minute, and elastic parts'. That the moon affected the human frame was for Mead an established fact for which there was ample evidence: the monthly occurrence of menstruation, the nine lunar months of human gestation, the periodicity of tertian and quartan fevers, of asthmatic attacks and especially of epileptic fits which sometimes 'do constantly recur every new and full moon' and which made 'the *Latins*' call sufferers '*Lunatici* . . . And it may not be improper to remark in this place, that the *raving fits* of mad people, which keep lunar periods, are generally accompanied with epileptic symptoms; which was attested to me as a constant observation by the late learned dr. *Tyson*, formerly physician to *Bethleem hospital*, who upon that account usually called such patients *epileptic mad*'.

Mesmer followed Mead and at first attributed this cosmic influence on the nervous system to gravitational forces which he called 'animal gravitation'. Later through contact with Maximilian Hell, professor of astronomy at Vienna, he began treating patients by applying magnets to diseased parts and his astounding results led him to believe the effective force was magnetic. He soon found

however that he could obtain the same effects simply by stroking or making passes with his hands and thereupon declared he had discovered a new principle in animate nature which he called 'animal magnetism' to distinguish it from mineral magnetism. He proclaimed that his magnetic fluid insinuated itself into the nervous fluid and by an artificial ebb and flow restored it to harmonious action and the patient to health; that his own body was a repository of it and that magnets and metallic rods merely acted as its conductors. When he claimed he had found the panacea for all nervous ills he was branded a charlatan, and in high dudgeon left Vienna. He reached Paris where in 1779 he published his *Mémoire sur la découverte du magnétisme animal.* In it he set forth twenty-seven propositions: there exists a reciprocal influence between the heavenly bodies, the earth and animated nature which is analogous to magnetism, may be communicated to other animate and inanimate bodies, can act at a distance, be intensified and reflected by mirrors, communicated, propagated and intensified by sound, stored up, concentrated and transported, and can cure nervous disorders directly and other diseases indirectly by producing nervous crises. He now operated also by connecting his patients with metallic rods and cords to the magnetic fluid contained in a covered tub, his *'bâquet'*; to heighten the effect the room was darkened and harmonic music played. Mesmer's aim was to throw patients into a trance or somnambulistic state in which they were neither awake nor asleep, and eventually into convulsions – the salutary crisis in which the disease was eliminated and the patient cured.

Mesmer's fame as a healer and notoriety as a quack grew so rapidly that he organised the 'Society of Harmony' to teach disciples his secret. It was now the turn of the medical faculty of Paris to become alarmed and a committee of enquiry was appointed by the King in 1784 which included the illustrious Benjamin Franklin and Antoine Lavoisier and the humane Dr Guillotin. The anonymous translation of their report was the first account of mesmerism in England and the extracts quoted here show how Mesmer's methods appeared to contemporary scientific observers. They found no evidence of a magnetic fluid and in a somewhat derisory manner attributed all the phenomena they witnessed – and thus confirmed – to the imagination: 'the imagination is that active and terrible power, by which are operated the astonishing effects, that have excited so much attention . . . The effects strike all the world, the cause is enveloped in the shades of obscurity'. Their verdict drove Mesmer from Paris but did not halt the spread of mesmerism. Mesmeric phenomena were widely investigated in great detail on the Continent and demonstrations given by Mesmer himself and his disciples and there resulted a considerable literature devoted to the cause and cure of abnormal mental manifestations.

And while physicians and scientists sat on committees and issued reports to prove that the blatently absurd ideas of animal magnetism were untenable, while others gullibly swallowed the new doctrine and became ardent animal magnetizers, and others again jumped on the bandwagon to pursue a lucrative charlatanism, and while Mesmer himself by one of the paradoxes of history insisted he had proved the existence of a physical agent which was a mirage and indignantly refuted that his healing had anything to do with the mind the very reason for which his name became immortal, there had been demonstrated for the first time scientifically by large scale experiments the power of mind over mind and body. In the words of another committee of Parisian physicians also

of 1784 'That which we have learnt, or, at least, that which has been proved to us, in a clear and satisfactory manner, by our inquiry into the phenomena of mesmerism, is – that *man can act upon man*, at all times and almost at will, by striking his imagination; – that signs and gestures the most simple may produce the most powerful effects; that the action of man upon the imagination may be reduced to an art, and conducted after a certain method, when exercised upon patients who have faith in the proceedings' (translated by C. H. Townshend in *Facts in mesmerism*, 1840).

Mesmer is usually regarded as a self-deceiving enthusiast or mystic in line with healers by divine inspiration like Valentine Greatraks the Irish stroker, but he was at least as much a product of the period of enlightenment, a follower of the down-to-earth, iatro-mechanical physician Mead. In fact he spent his life proclaiming and proving the physical existence, the flux and reflux of his universal magnetic fluid. Nothing grieved him more than the criticism that his cures were psychologically produced, phenomena of mind and not of magnetism. His emphasis on the 'crisis' – the culmination of the magnetic cure – was also not mystical but in line with current, and indeed ancient, theory and practice: doctors produced 'crises' in their nervous and insane patients by drugs such as camphor [see Kinneir 1727] or mechanically by ducking [see Helmont 1694] and swinging [see Cox 1806].

In England a small crop of pamphlets on animal magnetism appeared before the turn of the nineteenth century [see FIG. 100] written mostly by itinerant 'professors' who gave demonstrations up and down the country. But the first who recognised the medico-psychological significance of mesmeric phenomena independent of their therapeutic application was Dugald Stewart (1809). In 1833 J. C. Colquhoun published a translation of the *Report of the experiments on animal magnetism made by a committee . . . of the French Royal Academy of Sciences . . . 1831* (Edinburgh) and in 1836 *Isis revelata* (Edinburgh) a two volume history of animal magnetism. In 1837 John Elliotson, professor of medicine, University of London, witnessed a mesmeric demonstration and became an ardent protagonist and in 1843 founded 'The Zoist' a periodical devoted to the subject [see FIG. 179]. In 1842 W. Topham and W. Squire Ward reported the first painless major operation in the mesmeric state (*Account of a case of successful amputation of the thigh, during the mesmeric state, without the knowledge of the patient*) followed by Elliotson's *Numerous cases of surgical operations without pain in the mesmeric state; with remarks upon the opposition of many members of the Royal Medical and Chirurgical Society and others . . .* 1843 and by James Esdaile's *Mesmerism in India, and its practical application in surgery and medicine*, 1846; in 1845 Sir John Forbes attempted 'a critical examination of the facts, claims, and pretensions of animal magnetism' under the title *Mesmerism true – mesmerism false*. In 1843 James Braid coined the terms hypnosis and hypnotism and separated once and for all the valid phenomena of mesmerism from the absurdities of animal magnetism. It remained for Charcot to connect the clinical manifestations of hysteria with artificially induced hypnotic phenomena, and through him Freud became acquainted with the possibilities of hypnotism and from it developed psychoanalysis which he always acknowledged to be 'the heir to hypnosis'.

THE

GENERAL AND *PARTICULAR*

PRINCIPLES

OF

ANIMAL ELECTRICITY

AND

MAGNETISM, &c.

IN WHICH ARE FOUND

Dr. *BELL*'s SECRETS AND PRACTICE,

AS DELIVERED TO HIS PUPILS

In *Paris, London, Dublin, Briſtol, Gloceſter, Worceſter, Birmingham, Wolverhampton, Shrewſbury, Cheſter, Liverpool, Manchester, &c. &c.*

Shewing how to MAGNETISE and CURE different DISEASES; to produce CRISES, as well as SOMNAMBULISM, or SLEEP-WALKING; and in that State of Sleep to make a Perſon *eat, drink, walk, ſing* and *play upon any Inſtruments they are uſed to, &c.* to make APPARATUS and other Acceſſaries to produce MAGNETICAL FACTS; alſo to MAGNETISE RIVERS, ROOMS, TREES, and other Bodies, animate and inanimate; to raiſe the Arms, Legs of a Perſon awake, and to make him riſe from his Chair; to raiſe the Arm of a Perſon abſent from one Room to another; alſo to treat him at a Diſtance. All the New Experiments and Phenomena are explained

By MONSIEUR LE DOCTEUR *BELL*,

PROFESSOR OF THAT SCIENCE,

And Member of the Philoſophical Harmonic Society at Paris, Fellow Correſpondent of M. Le Court de Gebelin's Muſeum; and the only Perſon authoriſed by Patent from the Firſt Noblemen in France, to teach and practiſe that SCIENCE *in England, Ireland, &c.*

PRICE *FIVE SHILLINGS.*

PRINTED *for the* AUTHOR.—1792.

ENTERED IN STATIONERS HALL.

FIG. 100 Title-page of the first issue of *Animal electricity and magnetism*, 1792 by John Bell, an early 'professor' and populariser of mesmerism in England.

REPORT ON MESMERISM

M. Mesmer [*Mémoire sur la découverte du magnétisme animal*, Geneva & Paris 1779] has described the agent he professes to have discovered, and to which he has given the appellation of animal magnetism, in the following manner. 'It is a fluid universally diffused; the vehicle of a mutual influence between the celestial bodies, the earth and the bodies of animated beings; it is so continued as to admit of no vacuum; its subtlety does not admit of illustration; it is capable of receiving, propagating and communicating all the impressions that are incident to motion; it is susceptible of flux and reflux. The animal body is subject to the effects of this agent; and these effects are immediately produced by the agent insinuating itself into the substance of the nerves. We particularly discover in the human body qualities analogous to those of the loadstone; we distinguish in it poles different and opposite. The action and the virtue of the animal magnetism are capable of being communicated from one body to another,

animated or inanimate; they exert themselves to considerable distances, and without the least assistance from any intermediate bodies: this action is increased and reflected by mirrors; it is communicated, propagated and augmented by sound; and the virtue itself is capable of being accumulated, concentrated and transferred. Though the fluid be universal, all animal bodies are not equally susceptible of it; there even are some, though very few, of so opposite a nature, as by their mere presence to supersede its effects upon any other contiguous bodies.

'The animal magnetism is capable of curing immediately diseases of the nerves, and mediately other distempers; it improves the action of medicines; it forwards and directs the salutary crises so as to subject them totally to the government of the judgment; by means of it the physician becomes acquainted with the state of health of each individual, and decides with certainty upon the causes, the nature and the progress of the most complicated distempers; it prevents their increase, and effects their extirpation, without at any time exposing the patient, whatever be his age, sex or constitution, to alarming incidents, or unpleasing consequences . . . In the influence of the magnetism, nature holds out to us a sovereign instrument for securing the health and lengthening the existence of mankind'.

Such is the agent, with the examination of which the commissioners have been charged . . . and whose properties are avowed by M. Deslon, who admits all the principles of M. Mesmer . . .

M. Deslon undertook to the commissioners, in the first place, to evince the existence of the animal magnetism; secondly, to communicate to them his knowledge respecting this discovery; and thirdly, to prove the utility of this discovery and of the animal magnetism in the cure of diseases.

After having thus made themselves acquainted with the theory and practice of the animal magnetism, it was necessary to observe its effects. For this purpose the commissioners adjourned themselves, and each of them repeatedly witnessed the public method of M. Deslon. They saw in the centre of a large apartment a circular box, made of oak, and about a foot or a foot and an half deep, which is called the bucket (*Baquet.* The diameter of this box is usually large enough to admit of fifty persons standing round its circumference.); the lid of this box is pierced with a number of holes, in which are inserted branches of iron, elbowed and moveable. The patients are arranged in ranks about this bucket, and each has his branch of iron, which by means of the elbow may be applied to the part affected; a cord passed round their bodies connects them one with the other: sometimes a second means of communication is introduced, by the insertion of the thumb of each patient between the forefinger and thumb of the patient next him; the thumb thus inserted is pressed by the person holding it; the impression received by the left hand of the patient, communicates through his right, and thus passes through the whole circle.

A piano forté is placed in one corner of the apartment, and different airs are played with various degrees of rapidity; vocal music is sometimes added to the instrumental.

The persons who superintend the process, have each of them an iron rod in his hand, from ten to twelve inches in length.

Mr. Deslon made to the commissioners the following declarations. 1st. That this rod is a conductor of the magnetism, has the power of concentring it at its point, and of rendering its emanations more considerable. 2dly. That sound, conformably to the theory of M. Mesmer, is also a conductor of the magnetism, and that to communicate the fluid to the piano forté, nothing more is necessary than to approach to it the iron rod; that the person who plays upon the instrument furnishes also a portion of the fluid, and that the magnetism is transmitted by the sounds to the surrounding patients. 3dly. That the cord which is passed round the bodies of the patients is destined, as well as the union of their fingers, to augment the effects by communication. 4thly. That the interior part of the bucket is so constructed as to concentre the magnetism, and is a grand reservoir, from which the fluid is diffused through the branches of iron that are inserted in its lid.

The commissioners in the progress of their examination discovered, by means of an electrometer and a needle of iron not touched with the loadstone, that the bucket contained no substance either electric or magnetical . . .

The patients then, arranged in considerable number and in successive ranks round the bucket, derive the magnetic virtue at once from all these conveyances . . . But especially they are magnetised by the application of the hands, and by the pressure of the fingers upon the hypochonders and the regions of the lower belly; an application frequently continued for a long time, sometimes for several hours.

In this situation the patients offer a spectacle extremely varied in porportion to their different habits of body. Some of them are calm, tranquil and unconscious to any sensation; others cough, spit, are affected with a slight degree of pain, a partial or an universal burning, and perspirations; a third class are agitated and tormented with convulsions. These convulsions are rendered extraordinary by their frequency, their violence and their duration. As soon as one person is convulsed, others presently are affected by that symptom . . .

They are entirely under the government of the person who distributes the magnetic virtue: in vain they may appear in a state of the extremest drowsiness, his voice, a look, a sign from him rouses them. It is impossible not to recognise in these regular effects an extraordinary influence, acting upon the patients, making itself master of them, and of which he who superintends the process, appears to be the depository.

These convulsive affections are improperly stiled crises in the theory of the animal magnetism: according to this doctrine indeed they are regarded

as a salutary crisis, of the same kind as those which nature produces, or which a skilful physician has the art to excite to facilitate the cure of diseases . . .

Compression, imagination, imitation are therefore the true causes of the effects attributed to this new agent, known by the appellation of animal magnetism, this fluid, which is said to circulate through the human body, and to be communicated from individual to individual . . . Chimerical however as it is, the idea is by no means novel. Some authors, particularly physicians of the last age, have expressly treated of it in various performances. The curious and interesting enquiries of M. Thouret have convinced the public, that the theory, the operations and the effects of the animal magnetism, proposed in the last age, were nearly the same with those revived in the present. The magnetism is no more than an old falshood. The theory indeed is now presented, as was necessary in a more enlightened age, with a greater degree of pomp; but it is not less erroneous . . .

The commissioners having convinced themselves, that the animal magnetic fluid is capable of being perceived by none of our senses, and had no action either upon themselves or upon the subjects of their several experiments; being assured, that the touches and compressions employed in its application rarely occasioned favourable changes in the animal œconomy, and that the impressions thus made are always hurtful to the imagination; in fine having demonstrated by decisive experiments, that the imagination without the magnetism produces convulsions, and that the magnetism without the imagination produces nothing; they have concluded with an unanimous voice respecting the existence and the utility of the magnetism, that the existence of the fluid is absolutely destitute of proof, that the fluid having no existence can consequently have no use, that the violent symptoms observed in the public process are to be ascribed to the compression, to the imagination called into action, and to that propensity to mechanical imitation, which leads us in spite of ourselves to the repetition of what strikes our senses. And at the same time they think themselves obliged to add as an important observation, that the compressions and the repeated action of the imagination employed in producing the crises may be hurtful, that the sight of these crises is not less dangerous on account of that imitation which nature seems to have imposed upon us as a law, and that of consequence every public process, in which the means of the animal magnetism shall be employed, cannot fail in the end of producing the most pernicious effects.

WILLIAM WITHERING (1741–1799)

MD Edin., FRS; physician to Birmingham General Hospital, botanist and mineralogist

An account of the foxglove, and some of its medical uses: with practical remarks on dropsy, and other diseases, 1785 *Birmingham, Robinson* pp. 28-9

In his classic treatise on the foxglove which gave medicine digitalis, one of its essential drugs, Withering recorded two cases of delirium associated with heart failure which cleared up under treatment with it, one of which is given here. This started the fashion of giving the insane a trial of digitalis partly because physicians failed to distinguish the organic confusional state of Withering's patients from mental illness proper, partly because the nausea, vomiting and diarrhoea large doses produced were also the classical aims of antimaniacal medicines. Additional attractions were its property of slowing the pulse (a fast bounding pulse having traditionally been considered the hallmark of mania) and its diuretic action on account of which J. M. Cox recommended it: 'Since a superabundance of aqueous or serous fluid, extravasated in the different parts of the brain . . . have been suspected to be the causes of insanity in many instances; since we see the effects of water in the brain, in cases of hydrocephalus; and since we know that the foxglove has a particular power of evacuating extravasated fluids, we may from thence be led to explain its efficacy' and reported 'I was pleasingly surprised . . . that by means of this powerful vegetable, I was enabled to restore a very valuable member of society to reason, and to himself' (*Medical Commentaries, for the year MDCCLXXXIX, Edinburgh*, 1790). But in the long run Cox's 'sanguine expectations' were not realised, and although as late as 1863 C. Lockhart Robertson attempted to revive it as a sedative in maniacal excitement especially that depending on actual or hypothetical cerebrovascular disorder (*Cases illustrating the use of digitalis in the treatment of mania*, in *Journal of Mental Science*, 1864, vol. 9) digitalis gradually disappeared from the list of drugs recommended against insanity.

DIGITALIS FOR INSANITY

September 11th. [1779]. I was desired to visit Mr. L——,Æt. 63; a middle sized man; rather thin; not habitually intemperate; found him in bed, where he had been for three days. He was in a state of furious insanity, and had been gradually losing his reason for ten days before, but was not outrageous the first week: his apothecary had given him ten grains of emetic tartar, a dram of ipecacoanha, and an ounce of tincture of jallap,

in the space of a few hours, which scarcely made him sick, and only occasioned a stool or two; upon enquiring into the usual state of his health, I was told that he had been troubled with some difficulty of breathing for thirty years past, but for the nine last years this complaint had increased, so that he was often obliged to sit up the greater part of the night; and, for the last year, the sense of suffocation was so great, when he lay down, that he often sat up for a week together. His father died of an asthma before he was fifty. A few years ago, at an election, where he drank more than usual, his head was affected as now, but in a slighter degree, and his asthmatic symptoms vanished; and now, notwithstanding he has been several days in bed, he feels not the least difficulty in breathing.

Apprehending that the insanity might be owing to the same cause which had heretofore occasioned the asthma, and that this cause was water; I ordered a decoction of the Fol. siccat. Digital. three drams to half a pint; three spoonfuls to be taken every third hour: the fourth dose made him sick; the medicine was then stopped; the sickness continued at intervals, more or less, for four days, during which time he made a great quantity of water, and gradually became more rational. On the fifth day his appetite began to return, and the sickness ceased, but the flow of urine still continued.

A week afterwards I saw him again, and examined him particularly; his head was then perfectly rational, appetite very good, breath quite easy, permitting him to lie down in bed without inconvenience, makes plenty of water, coughs a little, and expectorates freely. He took no other medicine, except a little rhubarb when costive.

JAMES MAKITTRICK ADAIR (1728–1802)

MD Edin., FRCP Edin., physician of Antigua, West Indies, subsequently of Bath

Medical cautions, for the consideration of invalids; those especially who resort to Bath, 1786 *Bath, Dodsley & Dilly* pp. 12-4

Enlarged posthumous editions appeared as *An essay on diet and regimen*, 1804 & 1812

One of the reasons why Adair published this book was to 'make some compensation for the *manifold professional errors* I must necessarily have committed in the course of almost forty years extensive practice. Independent in my spirit, as I am in my connections' he continued 'I have dared to utter some plain, but unpalatable truths'. In this vein and with his characteristic 'air of levity' he described how the diagnosis 'nerves' had replaced that of 'spleen, vapours, and hyp' for obscure physical symptoms and minor mental maladies and become the fashionable complaint of the upper classes. 'My dear doctor, what is my wife's complaint ? Tell me all. I can bear it. Is it nerves ?' asked Mr Wititterly in Dickens's *Nicholas Nickleby* (1839). In the posthumous editions of the book which contained his own additions, Adair described such patients who of course frequented Bath a popular watering place, as persons 'who think fit to be sick by way of amusement, and melancholy to keep up their spirits' and as 'wretched hypochondriacs' who 'ruin their constitutions and embitter their lives, by their perpetual anxiety to preserve both'.

'NERVES' FASHIONABLE

Fashion has long influenced the great and opulent in the choice of their physicians, surgeons, apothecaries, and midwives; but it is not so obvious how it has influenced them also in the *choice* of their diseases. This I shall endeavour to explain. Patients are generally prompted by curiosity to enquire of their medical guide, what is their disease ? But an explicit answer to the question is not always either convenient or practicable; because the doctor is sometimes ignorant of it himself; instead therefore of entering on a learned disquisition on the subject, or candidly confessing his ignorance, which would not be always consistent with good policy; he gratifies his patient by a general term, which may, or may not, be expressive of the nature of the disease. If both patient and doctor are people of fashion, this circumstance is alone sufficient to render the term

fashionable; for as people of fashion claim an exclusive privilege of having always something to complain of; so the mutual communication of their ailments is often a topic of conversation; the imagination frequently suggests a similarity of disease, though none such really exists; and thus the term becomes soon completely fashionable. In the latter end of the last and beginning of this century, spleen, vapours, or hyp, was the fashionable disease. The Princess, afterwards Queen Anne, often chagrined and insulted in her former station, and perplexed and harrassed in the latter, was frequently subject to depression of spirits, for which, after the courtly physicians had given it a name, they proceeded to prescribe Rawleigh's confection and pearl cordial. This circumstance was sufficient to transfer both the disease and the remedy to all who had the least pretensions to rank with persons of fashion . . . Upwards of thirty years ago, a treatise on nervous diseases was published by my quondam learned and ingenious perceptor, Dr. Whytt, professor of physick, at Edinburgh. Before the publication of this book, people of fashion had not the least idea that they had nerves; but a fashionable apothecary of my acquaintance, having cast his eye over the book, and having been often puzzled by the enquiries of his patients concerning the nature and causes of their complaints, derived from thence a hint, by which he readily cut the gordian knot – '*Madam, you are nervous*'; the solution was quite satisfactory, the term became fashionable, and spleen, vapours, and hyp, were forgotten. Some years after this, Dr. Coe wrote a treatise on biliary concretions, which turned the tide of fashion; nerves and nervous diseases were kicked out of doors, and *bilious* became the fashionable term. How long it will stand its ground cannot be determined.

JOHN HUNTER (1728–1793)

Member of the Surgeon's Corporation, FRS, surgeon to St George's Hospital, London and to George III; surgeon-general to the Army

1. *A treatise on the venereal disease*, 1786 *London* [*for the author*] pp. 200-4
2. *The works of John Hunter, F.R.S. with notes. Edited by James F. Palmer London, Longman* et al., 1835-7 4 vols Vol. 1, pp. 335-6

That Hunter's genius extended to matters of the mind is the least known aspect of his work. There is hidden in his famous *Treatise on the venereal disease* a chapter 'Of impotence depending on the mind' in which he gave the first account of an impotent patient treated by psychological methods. Hunter used a model common-sense procedure to remove by the simplest means and in the least time the anxiety which he realised was the cause. In the same section he took the opportunity to express his views on masturbation. He denied and perhaps was the first medical man to do so that it was a harmful practice at a time when 'onanism' was 'the heinous sin of self-pollution' [see FIG. 63] mentioned only as a cause of impotence, spermatorrhoea, insanity and other nervous ills, consumption, tabes and atrophy (before these terms gained specific meanings). Incidentally under the heading 'Of impotence from a want of proper correspondence between the actions of the different organs' he also stated that many cases of impotence in which there is 'erection . . . without . . . emission' or 'emission . . . almost without an erection [ejaculatio praecox] arise not from debility [physical causes] but affections of the mind'. It is an interesting reflection that in former centuries and even within one hundred years of Hunter's book, impotence was regarded as one of the striking examples of demoniacal power and irrefutable evidence of witchcraft. How advanced Hunter's views were is shown by the reaction produced in those who held traditional views such as his brother-in-law Sir Everard Home (1756–1832), surgeon to the King and St George's Hospital. When after Hunter's death Home brought out a third edition of the *Treatise on the venereal disease*, 1810 he not only expunged Hunter's words 'for upon a strict review of this subject, it [impotence] appears to me to be far too rare to originate from a practice so general', but in addition added a footnote of his own that 'the Editor is induced to believe that Onanism is more hurtful than the author imagined . . .' It is also striking that Hunter realised that if harm there was in masturbation it came from 'the idea' rather than the practice, that is from its psychological repercussions, namely guilt feelings, and not from its physical consequences. In this he was well over a century ahead of psychiatrists.

The second extract is from notes of Hunter's 'Lectures on the Principles of Surgery . . . taken in short-hand by Mr. Nathaniel Rumsey of Chesham . . . in

the years 1786 and 1787'. Under the heading 'Of Sympathy' Hunter described two delirious patients who believed that their own 'sensations and thoughts' were not theirs but those of by-standers. Discussing the nature of this perplexing phenomenon Hunter attributed it neither to disturbance of mind, nor of body, but interestingly to 'a want of connexion between the mind and the body'. Viewed neurologically such confabulatory disturbances of the body image in which 'a sensation . . . is not referred to the part of the body where the impression is made' and even as in Hunter's cases 'may be referred to some other body' are now known to be associated especially with parietal lobe affections. From the psychological point of view Freud attributed such phenomena to 'projection', a mechanism by which unacceptable ideas and feelings are reversed and experienced as belonging to and coming from the object of these feelings, as in delusions of persecution.

The collection of Hunter's papers published posthumously (*Essays and observations on natural history, anatomy, physiology, psychology, and geology . . . arranged . . . by Richard Owen*, 1861, 2 vols.) also contains many psychological and psychosomatic observations and the general statement expressive of his abiding interest in the subject: 'Perhaps there is nothing in Nature more pleasing than the study of the human mind, even in its imperfections or depravities; for, although it may be more pleasing to a good mind to contemplate and investigate the applications of its powers to good purposes, yet as depravity is an operation of the same mind, it becomes at least equally philosophical and equally necessary to investigate, that we may be able to prevent it'.

IMPOTENCE DEPENDING ON THE MIND

This complaint is by many laid to the charge of Onanism at an early age; but how far this is just, it will in many cases be difficult to determine; for upon a strict review of this subject, it appears to me to be by far too rare to originate from a practice so general.

How far the attributing to this practice such a consequence, is of public utility, I am doubtful, particularly as it is followed most commonly at an age when consequences are not sufficiently attended to, even in things less gratifying to the senses; but this I can say with certainty, that many of those who are affected with the complaints in question are miserable from this idea; and it is some consolation for them to know that it is possible it may arise from other causes. I am clear in my own mind that the books on this subject have done more harm than good. I think I may affirm that this act in itself does less harm to the constitution in general than the natural . . .

In the cases of this kind that have come under my care, although the persons themselves have been very ready to suppose that the disease arose from the cause here alluded to; yet they did not appear to have given more into the practice than common; and in particular, the worst case I have ever seen was where but very little of this practice had ever been used, much less than is common among boys or lads . . .

As the parts of generation are not necessary for the existence or support

of the individual, as what relates to food and sleep, but have a reference to something else in which the mind has a principal concern, a complete action in those parts cannot take place without a perfect harmony of body and of mind; that is, there must be both a power of body, and disposition of mind; for the mind is subject to a thousand caprices which affect the actions of these parts.

Copulation is an act of the body, the spring of which is in the mind; but it is not volition; and according to the state of the mind so is the act performed. To perform this act well, the body should be in health, and the mind should be perfectly confident of the powers of the body; the mind should be in a state entirely disengaged from every thing else; it should have no difficulties, no fears, no apprehensions; not even an anxiety to perform the act well; for even this anxiety is a state of mind different from what should prevail; there should not be even a fear that the mind itself may find a difficulty at the time the act should be performed. Perhaps no function of the machine depends so much upon the state of the mind as this. The will, and reasoning faculty, have nothing to do with this power; they are only employed in the act, so far as voluntary parts are made use of; and if they ever interfere, which they sometimes do, it often produces another state of the mind which destroys that which is proper for the performance of the act; it produces a desire, a wish, a hope, which are all only diffidence and uncertainty, and create in the mind the idea of a possibility of the want of success, which destroys the proper state of mind, or necessary confidence. There is perhaps no act in which a man feels himself more interested, or is more anxious to perform well, his pride being engaged in some degree, which if within certain bounds would produce a degree of perfection in an act depending upon the will, or an act in voluntary parts; but when it produces a state of mind contrary to that state on which the perfection of the act depends, a failure must be the consequence. The body is not only rendered incapable of performing this act, by the mind being under the above influence, but also by the mind being perfectly confident of it's power, but conscious of an impropriety in performing it; this in many cases producing a state of mind which shall take away all power. The state of a man's mind respecting his sister takes away all power. A conscientious man has been known to lose his powers on finding the woman he was going to be connected with unexpectedly a virgin . . .

From the above account of the necessity of having the mind independent, respecting the act, we must see that it may very often happen that the state of mind will be such as not to allow the animal to exert it's natural powers; and every failure increases the evil. We must also see from this state of the case, that this act must be often interrupted; and the true cause of this interruption not being known, it will be laid to the charge of the body or want of powers. As these cases do not arise from real inability, they are to be carefully distinguished from such as do; and

perhaps the only way to distinguish them is, to examine into the state of mind respecting this act. So trifling often is the circumstance which shall produce this inability, depending on the mind, that the very desire to please shall have that effect, as in making the woman the sole object to be gratified. Cases of this kind, we see every day; one of which I shall relate as an illustration of this subject, and also of the method of cure. A gentleman told me, that he had lost his powers in this way. After above an hour's investigation of the case, I made out the following facts; that he had at unnecessary times strong erections, which showed that he had naturally this power; that the erections were accompanied with desire, which are all the natural powers wanted; but that there was still a defect somewhere, which I supposed to be from the mind. I inquired if all women were alike to him, his answer was no; some women he could have connection with, as well as ever. This brought the defect, whatever it was, into a smaller compass; and it appeared that there was but one woman that produced this inability, and that it arose from a desire to perform the act with this woman well; which desire produced in the mind a doubt, or fear of the want of success, which was the cause of the inability of performing the act. As this arose entirely from the state of the mind, produced by a particular circumstance, the mind was to be applied to for the cure; and I told him that he might be cured, if he could perfectly rely on his own power of self-denial. When I explained what I meant, he told me that he could depend upon every act of his will, or resolution; I then told him, if he had a perfect confidence in himself in that respect, that he was to go to bed to this woman, but first promise to himself, that he would not have any connection with her, for six nights, let his inclinations and powers be what they would; which he engaged to do; and also to let me know the result. About a fortnight after he told me that this resolution had produced such a total alteration in the state of his mind, that the power soon took place, for instead of going to bed with the fear of inability, he went with fears that he should be possessed with too much desire, too much power, so as to become uneasy to him, which really happened; for he would have been happy to have shortened the time; and when he had once broke the spell, the mind and powers went on together; his mind never returning to it's former state.

PROJECTION

A gentleman came into this country in 17—; his memory was imperfect, and a particular kind of delirium began whenever he was going to sleep, but afterwards continued whilst wide awake; and for a week before his death he was not quiet from this delirium a moment, but whilst his impressions were forced on him by external objects. His delirium was of this kind: he was constantly talking of former circumstances of his life, but referring them to the present moment and to some other person.

There was a revival of past ideas in his mind, but from a want of connexion between his mind and his body, he was not enabled, by his present impressions, to infer how little relationship they bore to the present time, or to those persons to whom he referred them: at the same time, it really appeared more a want of connexion between the mind and the body than the mind itself being hurt, for he determined rightly what should be done in those circumstances which he supposed present, and would express his sentiments in really elegant language. That it depended more on want of connexion than on disease of the body, appeared, from his being sensible of impressions, and referring them to the part where they took place, but supposing that to be in any other body than his own. Thus, he would tell his nurse or the bystanders that they were hungry or thirsty; but upon offering food or drink, it appeared plainly by his eagerness that the idea had arisen from a sensation of hunger in his own stomach. He would show great signs of distress or anxiety, which he would say was because his nurse wanted to go to the close stool, but was restrained by his presence; and this from his sensations also. He had a violent cough, in which he would sympathize with some bystander, proceeding in his story after the cough, no otherwise disturbed than by sympathizing with the person whom he thought so unfortunate as to have it. The objects about him were more to him than his own sensations.

A gentleman who was fond of his bottle referred all his own weaknesses and feelings, as he became intoxicated, to those around him; and upon his going home would insist upon undressing all his family and putting them to bed, declaring that they were too drunk to do it themselves; and this happened not only once, but whenever he was intoxicated.

JOHN MOORE (1729–1802)

MD Glasgow, physician and surgeon of Glasgow; traveller and writer

Medical sketches, 1786 *London, Strahan & Cadell* pp. 20-4, 252-7

Moore's refreshing approach to medicine sprang from his stressing the *vis medicatrix naturæ* – which was almost forgotten in an age which demanded and received active treatment in endless variety and combinations of drugs – especially in diseases of the mind with which the extracts deal. After describing the mental characteristics of hypochondriacs he ended with the advice '*fuge medicos et medicamina*', although were they capable of avoiding doctors and draughts they would hardly be hypochondriacs. From the frequency with which it was mentioned and the large literature devoted to it, it may be thought that hypochondriasis was formerly more common than it is today. But this is only apparently so since the present lays the greater stress on mental symptoms and diagnoses the same type of patient as suffering from depression with somatic symptoms whom Moore diagnosed as hypochondriasis with melancholy.

VIS MEDICATRIX NATURÆ

Another thing which prevents some practitioners from knowing the futility of their own prescriptions, and what nature left to herself can do is, that they never leave nature to herself. The instant they are called, they fall to work with their draughts, juleps, and apozems, and persevere with unrelenting assiduity till the disease terminates one way or other; if the patient recovers, the medicines get the credit; if he dies, the disease is thought to have been incurable.

The being teased to swallow drugs, is a species of distress to which the rich are more exposed than the poor, provided the latter keep out of hospitals. *Nature* is allowed to cure as many of them as she can, and *Art* being little solicitous of seducing such patients out of her sister's hands, they generally have *real* need of medicines before they are pressed to take them. But a physician whose practice lies among the highest spheres of life, if it amounts to three thousand pounds yearly, is supposed, at a moderate computation, to receive two thousand five hundred of that sum for prescribing for imaginary complaints, or such as would have disappeared fully as soon had they been left to themselves. But this ought not to be imputed as a crime to the physician; if an old lady cannot dine with comfort till he has felt her pulse, looked at her tongue, and told her whether her chicken should be roasted or boiled, it is reasonable he should be paid for his trouble.

The difference between a good physician and a bad one is certainly very great; but the difference between a good physician and no physician at all, in many cases, is very little . . . This *vis medicatrix naturæ*, this constant tendency in nature to overcome disease and restore health, was observed by the father of medicine; and a sentiment to the same purpose is the very first expressed by Sydenham in his inestimable work, and is acknowledged by all candid and discerning practitioners, to have a powerful influence in the cure of diseases. Indeed I am inclined to believe that physicians, in proportion to their candour and discernment, acknowledge and rely upon this power in nature; and in proportion to their selfishness and weakness, impute every recovery to their own prescriptions . . .

All the theories hitherto invented, leave us equally ignorant how to account for or remedy a disease, said to be more frequent in this island than elsewhere; and which certainly depends on some affection of the origin of all the nerves, although from certain symptoms, with which it is sometimes accompanied, it derives its name from another part of the body. (Hypochondriasis, a disease so called from its seat being supposed to be in a part of the belly which physicians call the hypochondriac region.)

In this melancholy complaint, the patient, when apparently in good health, and perhaps in the most opulent and desirable circumstances, is gradually invaded by a languor and dejection of spirits, which render him averse to every kind of exertion of body or mind, regardless of things of the greatest importance, and which formerly interested him the most.– But he becomes infinitely attentive to a thousand trifles which he used to disregard, and is particularly watchful of every bodily feeling, the most transient of which he often considers as the harbinger of disease; and viewing objects through the medium which overclouds his own imagination, every thing appears to him dark and dismal. He is always apprehensive of the worst; and considers the most indifferent and even the most fortunate incident as the omen of some impending evil. Although in his brighter days he may have been a man of courage, he becomes preposterously afraid of death, now when he seems to have lost all relish for the enjoyments of life. Entirely occupied by his own uneasy thoughts and feelings, all other subjects of conversation appear impertinent, and are in reality as intolerable to him as the everlasting theme of his own complaints generally is to others: Meanwhile, as this disease is in reality more distressing than dangerous, and as his looks are not impaired in a degree that corresponds with the account he gives of his distress, he seldom meets with that sympathy which his sensibility requires and his sufferings deserve. To a circumstantial and pathetic history of his complaints, he often receives a careless, and, to him, a cruel answer, importing that they are all imaginary. One who feels a weight of misery more burthensome than acute bodily pain, naturally considers this as the greatest insult. Shocked at the unkind indifference of friends, and the callous disposition of mankind in general, he shuns his former society, confines

himself to his chamber, and will admit nobody but his physicians, for if he can at all afford it, he consults one after another, the whole tribe. Being bribed to that patient hearing of his complaints, and that appearance of sympathy which the rest of his acquaintance refuse, they seem more tolerable company, and they possibly relieve or palliate the costiveness, the flatulency, the acidities, and other symptoms which are brought on by the anxiety attendant on this complaint; but the original cause affecting the sensorium they leave as they found it. This cause continuing in spite of all their bitters, and their stomachics, and their purgatives, and analeptics, the same symptoms constantly recur. The wretched patient growing every hour more irritable and peevish, he flies at length to quacks. Their well-attested and infallible remedies hurry on the bad symptoms with double rapidity; he returns to physicians, goes back to quacks, and occasionally tries the family nostrums of many an old lady. His constitution being worn by fretfulness and by drugs, he at length despairs of relief, and either sinks into a fixed melancholy, or roused by indignation, his good genius having whispered in his ear, *fuge medicos et medicamina*, he abandons the seat of his disappointments, tries to dissipate his misery by new objects and a different climate, consults no practitioners of any country, sex, or denomination; and forms a fixed resolution to swallow no more drugs, from which happy epoch, if the case be not quite desperate, he has the best chance of dating his recovery.

ROBERT HAMILTON (1749–1830)

MD Edin., LRCP, army surgeon, subsequently physician of Ipswich

History of a remarkable case of nostalgia affecting a native of Wales, and occurring in Britain. In: *Medical Commentaries, for the year MDCCLXXXVI Edinburgh*, 1787 Vol. 1, pp. 343-8

Nostalgia, the inordinate desire to return to one's native land which if ungratified gives rise to melancholy and even madness, was in the eighteenth century generally accepted as a mental illness. Cullen (1772) classed it among '*Locales*' in the Order '*Dysorexiæ*' as a species of false or defective appetite side by side with bulimia, polydipsia and satyriasis; Arnold (1782) listed it as his thirteenth variety of 'pathetic Insanity'. It was considered essentially a disease of foreigners, particularly of the Swiss on foreign service: 'In England' wrote Arnold 'whatever may be the partiality to our native land . . . we know nothing of this passionate attachment that leads to this sort of Insanity'. Nostalgia or nostalgic melancholia persisted as a diagnosis well into the nineteenth century when classification gradually ceased to make a diagnostic entity of every emotional cause or dominant passion. The case quoted here was the first reported in England, and is remarkable also for the cognizance the Army authorities of the day took of psychiatric casualties since Hamilton, the patient's regimental medical officer, succeeded in getting him sent home.

NOSTALGIA

In the year 1781, while I lay in barracks at Tinmouth in the north of England, a recruit who had lately joined the regiment (named Edwards), was returned in the sick list, with a message from his captain, requesting I would take him into the hospital. He had only been a few months a soldier; was young, handsome, and well-made for the service; but a melancholy hung over his countenance, and wanness preyed on his cheeks. He complained of universal weakness, but no fixed pain; a noise in his ears, and giddiness of his head . . . As there were little obvious symptoms of fever, I did not well know what to make of the case . . . Some weeks passed with little alteration . . . excepting that he was evidently become more meagre. He scarcely took any nourishment . . . became indolent . . . He sighed deeply and frequently; nor could his attention be directed to any external object. Something, it would seem, hung heavy on his mind . . . He was put on a course of strengthening medicines; wine was allowed him. All proved ineffectual . . . He had now been in the hospital near three

months, and was quite emaciated, and like one in the last stage of a consumption . . .

On making my morning visit, and inquiring, as usual, of his rest at the nurse, she happened to mention the strong notions he had got in his head, she said, of home, and of his friends. What he was able to speak was constantly on this topic. This I had never heard of before . . . He had talked in the same style, it seems, less or more, ever since he came into the hospital. I went immediately up to him, and introduced the subject; and, from the alacrity with which he resumed it . . . I found it a theme which much affected him. He asked me, with earnestness, if I would let him go home. I pointed out to him how unfit he was, from his weakness, to undertake such a journey (he was a Welchman) till once he was better; but promised him, assuredly, without farther hesitation, that as soon as he was able he should have six weeks to go home. He revived at the very thoughts of it . . .

It seems he had requested leave to visit his native place soon after he joined; but being only a recruit, and but a few months from thence, he was refused. This had hung on his spirits ever since; and from thence I now dated the origin of his illness . . . his appetite soon mended; and I saw, in less than a week, evident signs of recovery . . . In a little time he was able to walk. Every visit I paid him he resumed the subject of the furlow; which I persisted in promising, seeing the good effects it had already produced; and, in less than two months from the time he had received this promise, he was able to leave the hospital and go to his barrack-room.

I set myself about endeavouring, as far as in me lay, to accomplish my promise . . . I made public to all the officers the method I fell on to recover him; and told them, moreover, that if I did not succeed in obtaining him a furlow, I was sure he would relapse, as soon as he understood his expectations were to be frustrated. I won them over to my interest. The story was publicly talked of. The commanding officer was likewise acquainted with it; and the request was now made to him, which he obligingly granted.

WILLIAM PERFECT (1737–1809)

MD St Andrews, physician, surgeon, obstetrician, specialist in insanity and owner of a private madhouse at West Malling, Kent; prominent freemason and poet

Select cases in the different species of insanity, lunacy, or madness, with the modes of practice as adopted in the treatment of each, 1787 *Rochester, Gillman* (pp. viii+335) pp. 1-7, 13-8, 63-5, 67-71

SELECT CASES

IN THE DIFFERENT SPECIES OF

INSANITY,

LUNACY, OR MADNESS,

WITH THE

MODES OF PRACTICE AS ADOPTED IN THE TREATMENT OF EACH.

BY WILLIAM PERFECT, M. D.

OF WESTMALLING, IN KENT.

Spectemur agendo.

——— O ye celeſtial powers,
What is it in a torrent of ſucceſs
To overflow the world, if by the ſtream
Our own enfeebled minds are borne away
From reaſon, &c.

THOMSON'S SOPHON.

ROCHESTER:
PRINTED AND SOLD BY W. GILLMAN; SOLD ALSO BY J. MURRAY, FLEET STREET, AND J. BEW, PATER-NOSTER-ROW, LONDON.
1787.

FIG. 101 Title-page of William Perfect's *Select cases . . . of insanity*, 1787.

Perfect was an industrious general practitioner with a facility for writing who early in his career became interested in 'cases of insanity'. In about 1770 he took on 'the arduous task of curing dementated individuals' and 'fitted up divers convenient apartments . . . at his house' where he attended them 'with the affection of a parent, and the abilities of a man, who has, from study and observation, reduced into a practical science, the method of restoring the most wild and fixed madness, to cool sense and rational judgment' (quoted by Perfect [1780] as a prefatory testimonial from C. Seymour's *A new . . . survey . . . of Kent*, 1776). He acquired Malling Place which was for long the only private asylum in the county and which remains in use to this day.

In 1778 he published his first collection of 'cases successfully treated' under the title *Methods of cure, in some particular cases of insanity . . . and nervous disorders* (Rochester, for the author). Having only passed through a seven years surgeon's apprenticeship and without academic training he relied for his theory on 'the late learned and celebrated Dr. *William Battie* . . . his most excellent Treatise on Madness' and the writings of Sydenham, Mead and Whytt. The practice recorded in this book and its later editions formed the basis of Perfect's reputation as a mad-doctor both among his contemporaries

and in the history of psychiatry. The second edition appeared as *Cases of insanity . . . and nervous disorders, successfully treated* [?1780] (Rochester, for the author); the third, though not so described on the title-page, as *Select cases . . .*, 1787. This in turn appeared as a 'second edition' under the title *Annals of insanity*, 1801 (London, for the author) and reached a fifth and last edition in 1809, the year of Perfect's death. The book therefore achieved seven editions, a popularity equalled only by the anonymous *A treatise of diseases of the head, brain & nerves* (first edition ?1712, seventh 1741) and exceeded only by Burton's (1621) *Anatomy of melancholy*.

Select cases (1787) from which the extracts are taken is the best. The naive theoretical discussions of the former editions were omitted, the old case histories polished up and new ones added so as to make it a representative survey of contemporary psychiatric practice. In later editions despite some additional cases and refinements of presentation he did not materially widen his range of observations nor adduce new principles of treatment. His clinical descriptions although showing occasional originality of observation were undistinguished but this was compensated by the number and variety of cases. He made no attempt to differentiate mental illness or what Battie called 'original madness' from 'consequential madness' or disease of the brain, a distinction stressed for instance by Harper (1789). Nor did he take note of the new 'moral' approach as opposed to the old 'medical' treatments as Pargeter (1792) and Ferriar (1795) did. However, the book was the first collection of psychiatric case material and even if it added nothing new to the progress of the art, it is a record of the kind of patients met with, the observations considered worth making and the variety of treatments administered. As a practical guide derived from personal experience it was a useful complement to Arnold's (1782-6) learned two-volume theoretical text.

From it are quoted four typical case histories. Case I suffered from what today would be called an agitated depression, and remained well for at least eight years after twelve months in Perfect's care; Case III, a depressive stupor, was cured in five months; Case XIII suffered a short lived attack of hypomania; Case XIV had a dementing disease with delusions of grandeur ending in 'idiotism', which led nineteenth century authors to regard it as an early description of general paralysis of the insane.

SELECT CASES

CASE I. A Gentleman, aged fifty-eight, was, in the beginning of January, 1770, put under my care for insanity. The cause of his disorder was attributed to a sudden transition in his circumstances, which, from being easy and comfortable, were become doubtful and precarious; his complaints were great pain in the head, almost a continual noise in his ears, and, at intervals, a melancholy depression, or a frantic exaltation of spirits; he was inclined to be costive, his water was very high-coloured, he passed whole nights without sleep, sometimes raved and was convulsed, and his attention was invariably fixed to one object namely, that he was *ruined, lost*, and *undone*! which was his incessant exclamation both by night and day. Strong purges, antimonial vomits, ammoniac draughts, sagapenum,

steel, and both kinds of hellebore had alternately been exhibited; issues, venæsection, a seton, and vesicatories had been tried for a series of time; bathing, and, in short, almost every thing, seemed to have been done without the least visible alteration for the better . . . When I undertook the care of this person, he appeared very impatient of contradiction; and, even discoursing with him in the most easy and gentle manner, would often ruffle him into a mis-construction of all that was said: I therefore forbade all sorts of intercourse with his relations and acquaintance, till such time, as, in my opinion, it might be admitted without any manifest injury to the patient . . . my curative plan . . . begun by making a seton between his shoulders, and confining the patient to a still, quiet, and almost totally darkened room: I never suffered him to be spoken with, either by interrogation or reply, nor permitted any one to visit him but such whose immediate business it was to supply him with his aliment, which was light, cooling and easy of digestion; at the same time his constant drink was weak and diluting . . . For twelve nights successively he used the warm pediluvium, by which having rested something better than he had long before done, I was induced to go a step farther, and, after two purges, to try the effects of opium, which I began in the evening of the thirteenth day after he came to me, in the quantity of fifteen drops of the *elixir paregoricum* in two ounces of a weak *camphorated julep*, which caused him to sleep an hour at a time; and, through the whole of the day following he appeared much easier and less anxious than usual; the elixir was now repeatedly increased, till his nights became thoroughly still and composed, and his days rendered so free from perturbation of spirits and hurry and confusion of thoughts, that he talked rationally and just, seldom breaking out into any frantic rhapsodies, or passionate expressions whatever. In this course I invariably persevered for nearly four months, occasionally administering a sufficient dose of lenitive electuary to prevent too great a constipation of the bowels from the reiterated use of the paregorics; his reason now returned, his imagination grew stronger, his ideas were more collected, and he spoke of things as they really were, and of the primary cause of his mental infirmity, with philosophic coolness, and resigned moderation. The seton was continued, but the opiate and pediluvium were gradually decreased, and entirely left off on the second of June following; when, after having been with me nearly five months, I restored him to his friends in that state of sanity, which he has happily preserved to the present period.

CASE III. Mr. S.G. about forty-five years of age, after having for some years been subject to acute rheumatic pains, and the internal haemorrhoids, on a sudden, without any apparent cause, became low-spirited, dull, and melancholy, insomuch, that he was unable to follow his business as usual; he was frequently watchful, timorous, mistrustful, and despondent, and more than once, if he had not been providentially prevented, would have put an end to his existence; he was first attacked in the beginning of

September 1772, and had then tried the advice of an apothecary in the place where he lived. In November I received a message to visit him, and found him seated in his customary attitude, his head reclining on his arm, and his eyes rivetted to the ground, as if lost in profound thought; I tried by several methods to rouse his attention, but to no purpose, and asked him several questions, but received no reply at all . . . When I took him into my house, he had, I think, the most *incurious aspect* which I ever beheld, and was so nearly approached to a degree of confirmed idiotism, that a servant was always obliged to dress, undress, feed, and assist him in the common offices of nature. After a few days, I bled him, to the quantity of six ounces; the complexion of the blood proved the vessels to be loaded with a superabundant quantity of humours, which clogged and loaded the circulation so as to render depletion highly necessary. I prohibited his wonted freedom of diet, and confined him to a more slender and cooling one; he was often carried into the air, and took daily, in a bason of water-gruel, two drachms of soluble tartar. The pulse was greatly relieved, and softened by the first bleeding; by the second, (at the distance of fourteen days) the effect was more promising; and, by a strict perseverance in the antiphlogistic plan, with repeated bleedings and a proper degree of exercise, the patient became susceptible of the dictates of propriety, sensible to the functions of nature, and entirely recovered his right senses and understanding. The regimen now was gradually enlarged; and for some time after taking a decoction of valerian and the bark, to invigorate the system, he left me hearty and well in the March following, having come to me in November *only*; since this cure, I have had several melancholics under my care who have received relief from the free use of the lancet, which, in many such cases, seems to have been omitted from a mistaken prejudice.

CASE XIII. Miss A. C. a young lady of a delicate habit, subject to nervous affections and painful menstruation, having, for some time, without any apparent cause, shewn evident signs of insanity, was, in the month of March 1776, placed under my care. She was naturally of a lively, active disposition, and remarkable for quickness of parts; under the influence of her delirium, she shewed great vivacity of imagination, and would very often express herself in well-adapted metre; though, when in her right senses, she was never known to have any particular propensity to it; she was for ever in motion, and incessantly pouring forth a rapid succession of ideas, which she ran through with a most amazing facility, seldom giving any rest to her fancy, either by day or night; she was habitually costive, and more particularly so about the return of her menstrual period; she had long been much relaxed, and bracing and strengthening medicines had been ineffectually employed. I had, therefore, recourse to the austere and astringent vegetables; the *oleum ricini* was occasionally given her to remove her costiveness, which succeeded much better than any other aperient medicine she had tried before, and which might pro-

bably be attributed to the small degree of nausea created by taking of it, and the little tendency it has to irritate the stomach and bowels; twenty drops of the *elixir paregoricum* was given her every night and morning, in a cupful of mint tea, from the beginning to the end of her menstruation; the camphorated julep, diluted with two ounces of water to four, was given her from April the fourth till the thirtieth of July following. On the seventh of August, at the desire of her friends, she was dismissed from my house, and has remained free from any symptoms of insanity from that time to the present, care having been always taken to alleviate the pains attendent on the menstrual paroxysm, by the soothing influence of an opiate.

CASE XIV. The patient was a middle-aged man . . . from an unexpected miscarriage in his commercial affairs, he became intolerably jealous, disrespectful to his family connexions, insolent and rude to every one who came in his way, intemperately passionate, and misanthropic to the greatest degree; in this manner his insanity began to appear: he next drew upon his banker for sums immensely beyond what his account would afford, and, when disappointed in this respect, he became sullen, and immediately made out drafts for enormous sums upon houses with which he had not the least connexion; these, and innumerable other actions, equally *outré*, fixed the imputation of his lunacy and determined his relations to seek for the situation of which he stood in need; in this recess, he issued his mandates with all the arrogance and tyranny of an eastern despot, he would often draw upon the bank for tens and twenty thousand pounds at a time, with that degree of pomp and seriousness as seemed to mark the reality of the transaction; he often insisted upon his being the Lord Chancellor, King of Spain, Duke of Bavaria, or some other great personage, and demanded reverence and respect accordingly . . . He seldom expressed the sense of any bodily pains, nor was bleeding, blistering, vomits, or any other evacuants of the least visible service to him; he was uniformly vain, formal, stately, gloomy, insolent, and self-important; and at any time, however ridiculous his words and actions appeared to others, they were supported in himself with all the dignity of excessive pride and ostentation, and an entire display of every vanity characteristic of that species of insanity under which he laboured; his imaginary greatness and self-importance, however, gradually dwindled into a total decay as he approached to the verge of idiotism.

WILLIAM ST CLARE (1752–1822)

MD Edin., physician of Preston and Deputy Lieutenant of the County of Lancashire

Country news. In: *The Gentleman's Magazine*, 1787 Vol. 57, part 1, p. 268

'I will not make a question of it to dispute it' wrote the searching Casaubon (*A treatise concerning enthusiasme*, 1655), 'I desire only to propose it, that learned Naturalists and Physicians may . . . consider of it; Whether it be probable or possible, that naturall Ecstasies and Enthusiasms, such as proceed from naturall causes merely, should be contagious: though not contagious in the same manner as the Plague, or the Pox is; yet contagious in their kind'. But very few epidemics of insanity, hysterics, dancing mania or tarantism such as occurred on the Continent were recorded in England and the few were limited to small and closely knit communities. A famous one was described by John Freind (1675–1728), MD Oxon, FRCP, FRS, first English historian of medicine, in a letter '*De Spasmi Rarioris Historia*' in *The Philosophical Transactions*, 1701, popularly known as the case of 'the barking girls of Oxford'. The children of two related families of Blackthorn had for some months been seized by frequent attacks of 'barking and howling like dogs . . . accompanied by violent rhythmic movements of the head and contortions of the face . . . when their breath failed they would one by one fall into a paroxysm like an epileptic fit' – obviously the effects of hyperventilation. Physicians were called but proved powerless and the disease was ascribed to possession.

When a hundred years later an epidemic of 'hysterics' occurred among the girl workers in a Lancashire cotton mill as quoted here from a contemporary report, Dr St Clare was able to stop it promptly with shocks from his portable electrical machine.

AN EPIDEMIC OF HYSTERICS

At a Cotton Manufactory, at Hodder Bridge, in Lancashire, a girl, on the 15th of February, put a mouse into the breast of another girl who had a great dread of mice. The girl was immediately thrown into a fit, and continued in it with the most violent convulsions for 24 hours. On the following day, three more girls were seized in the same manner; and on the 17th, six more. By this time the alarm was so great, that the whole work, in which between 2 and 300 were employed, was totally stopped, and an idea prevailed that a particular disease had been introduced by a bag of cotton opened in the house.—On Sunday, the 18th, Doctor St. Clare was sent for from Preston; before he arrived, three more were seized; and during that night and the morning of the 19th, eleven more, making in all 24. Of these, 21 were young women, two were girls of about ten

years of age, and one man, who had been much fatigued with holding the girls. Three of the number lived about two miles from the place where the disorder first broke out, and three at another factory at Clitheroe, about five miles distant; which last, and two more, were infected entirely from report, not having seen the other patients; but, like them and the rest of the country, strongly impressed with the idea of the plague being caught from the cotton. The symptoms were, anxiety, strangulation, and very strong convulsions; and these were so violent as to last, without any intermission, from a quarter of an hour to twenty-four hours, and to require four or five persons to prevent the patients from tearing their hair and dashing their heads against the floor or walls. Doctor St. Clare had taken with him a portable electrical machine, and by electric shocks, the patients were universally relieved without exception. As soon as the patients and country were assured that the complaint was merely nervous, easily cured, and not introduced by the cotton, no fresh person was affected.

A

DISSERTATION

ON THE

INFLUENCE

OF THE

PASSIONS

UPON

DISORDERS OF THE BODY.

BY

WILLIAM FALCONER, *M.D. F.R.S.*

AND CORRESPONDING MEMBER OF THE MEDICAL SOCIETY OF LONDON.

BEING

The ESSAY to which the FOTHERGILLIAN MEDAL was adjudged.

LONDON:

Printed for C. DILLY in the Poultry; and J. PHILLIPS, George-Yard, Lombard-Street. 1788.

FIG. 102 Title-page of the first psychiatric prize essay (1788) which gained the first Fothergillian Medal instituted by the Medical Society of London in 1787, by William Falconer (1744–1824), MD Edin. & Leyden, LRCP, FRS, physician of Chester and Bath who wrote 'the best dissertation' on 'What diseases may be mitigated or cured, by exciting particular affections or passions of the mind?' A third edition appeared in 1796.

WILLIAM ROWLEY

NERVOUS DISEASES, 1788

A

TREATISE

ON

FEMALE, NERVOUS, HYSTERICAL,
HYPOCHONDRIACAL, BILIOUS,
CONVULSIVE

DISEASES;

APOPLEXY AND PALSY;

WITH THOUGHTS ON

MADNESS, SUICIDE, &c.

IN WHICH THE PRINCIPAL DISORDERS ARE
EXPLAINED FROM ANATOMICAL FACTS,

AND THE TREATMENT FORMED ON

SEVERAL NEW PRINCIPLES.

BY

WILLIAM ROWLEY, M. D.

MEMBER of the UNIVERSITY of OXFORD, the ROYAL
COLLEGE of PHYSICIANS in LONDON, &c.

LONDON:

Printed for C. NOURSE, STRAND; E. NEWBERY,
Corner of LUDGATE HILL; and T. HOOKHAM,
NEW BOND STREET.

M.DCC.LXXXVIII.

FIG. 103 Title-page of *A treatise on female, nervous, hysterical . . . diseases*, 1788 by William Rowley (1742-1806), MB Oxon, MD St Andrews, LRCP, physician, surgeon, man-midwife and teacher of medicine in London.

This was the most comprehensive (with nearly 570 pages) of a number of eighteenth century books which subsumed all 'nervous diseases' as they were then understood comprehending both neurological and psychiatric disorders under the generic term 'hysterical' with its connotation of 'female disorders'. Of this kind were also Charles Perry's *A mechanical account and explication of the hysteric passion . . . Comprehending a general account of all other nervous diseases*, 1755, and Andrew Wilson's *Medical researches: being an enquiry into the nature and origin of hysterics in the female constitution, and into the distinction between that disease and hypochondriac or nervous disorders*, 1776.

GEORGE III

REPORT FROM THE COMMITTEE APPOINTED TO EXAMINE THE PHYSICIANS WHO HAVE ATTENDED HIS MAJESTY, DURING HIS ILLNESS, TOUCHING THE STATE OF HIS MAJESTY'S HEALTH, 1788 [Printed by Order of the House of Commons 10 December] pp. 7-14

'To the mere pathologist, the insanity of a prince is not more interesting than that of a peasant; but to the historian, to the medical jurist, to all who are engaged in the care of the insane, the attacks of George III are invested with peculiar interest' wrote Isaac Ray (1849) in the first study by a psychiatrist of *The insanity of King George III*, 1855 (*American Journal of Insanity*, vol. 12). He suffered five separate attacks: the first in 1765 at the age of 27 which was hushed up, relapses in 1801 and 1804, and the final breakdown in 1810 when 72 years old which resulted in the establishment of the Regency and lasted to his death in 1820. But the best documented and most important not only for the political issues it raised but also for the stimulus it gave to psychiatry was the second attack from October 1788 until March 1789. The physicians who attended him were repeatedly summoned before Parliamentary Committees to depose about 'the state of His Majesty's health' when they were questioned about their royal patient's illness in the light of their practical experience of insanity. These reports were frequently reprinted in popular or 'cheap' editions among them a version entitled *Important facts and opinions relative to the King; faithfully collected from the examination of the royal physicians, and clearly arranged under general heads* [1790] such as 'Signs of Convalescence', 'Chance of Recovery after Fifty', 'Nature of the Malady and Controul of the Keeper', 'General Competency of Physicians in Cases like his Majesty' etc. They are invaluable historically because they record what 'Physicians who practise Medicine generally' and 'Persons who have made this Branch of Medicine their particular Study' (as the reports refer to mad-doctors) knew and thought about insanity and how they treated it. Together with long debates in and out of Parliament, bulletins in the daily press, and thanksgiving ceremonies and celebrations on the King's recovery in 1789 the like of which had not been seen before [see FIG. 105] they stimulated great interest in mental illness and the treatment of the insane by familiarising the laity with the subject and making it more respectable with the profession. Dr Robert Jones of Salisbury was moved to write *An enquiry into the nature, causes, and termination of nervous fevers; together with observations tending to illustrate the method of restoring His Majesty to health, and of preventing relapses of his disease*, 1789 (Salisbury), and Dr William Rowley of Saville Row, London published *Truth vindicated . . . declaring the case of a great personage to have been only a feverish or symptomatic delirium*, 1790. Dr Richard Warren, formerly physician to Middlesex and St George's hospitals, one of the fashionable physicians in attendance was so embarrassed when he found himself unable to answer the question put to him by the Committee in January 1789

'Does Dr. Warren know, whether the Majority of those who, at His Majesty's Time of Life [fifty years of age], have been afflicted with the Disorder His Majesty labours under, have recovered?' that he proceeded to make 'an Enquiry' into 'the Books of Bethlehem Hospital'. Had it been published it would have been one of the earliest pieces of statistical research in psychiatry. As late as 1803 Thomas Percival [*q.v.*] lamented the lack of knowledge of the natural history of mental illness 'which, on a late melancholy occasion, was felt and regretted by the whole kingdom' and proposed that a '*journal*' be kept of patients which would after a few years provide such information. And there was hardly a book on insanity published in the next twenty or thirty years which did not reflect the impact of the King's illness by some reference to it.

From the first printed report presented to the House of Commons on 10 December 1788 are quoted parts of the examination of three physicians: 1. Sir George Baker [*q.v.*] who was the King's physician at the time of the beginning of the first attack; 2. the Reverend Dr Francis Willis (1718–1807), MD Oxon, owner of a high class private asylum in Gretford, Lincolnshire and physician to the Lincoln General Hospital, who had the widest and by virtue of his personality apparently the most successful experience of treating the insane [see FIGS. 104(e) and (f)] and who with his sons John and Robert Darling Willis had the largest share in the King's treatment; and 3. Anthony Addington (1713–1790), MD Oxon, FRCP, father of a future prime minister who had built the first private asylum at Reading, Berkshire in 1749. The Committee's questions were intended particularly to establish what the physicians considered a cure, how long it took in the average case and what they held to be favourable prognostic signs – all of which are still under discussion today. The question whether in their calculations they counted relapses as failed treatments or each remission a cure is especially striking since it remains a source of error and confusion in the assessment of modern treatment results.

SIR GEORGE BAKER CALLED IN, AND EXAMINED

Whether, in your Opinion, the State of His Majesty's Health is, or is not, such as to render His Majesty incapable, either of coming to Parliament, or of attending to Public Business?

I think that the State of His Majesty's Health is such, as renders Him incapable of coming to Parliament, or of doing any other Public Business.

What Hopes has Sir George Baker of His Majesty's Recovery?

I hope that His Majesty will recover, because I think it probable. My own Experience, and the Experience of other Physicians, leads me to think that His Majesty's Disorder is curable.

Can Sir George Baker form any Judgment, or probable Conjecture, of the Time which His Majesty's Illness is likely to last?

I can form no Judgment or Conjecture as to the probable Duration of His Majesty's Disorder.

What Degree of Experience has Sir George Baker had of the particular Species of Disorder with which His Majesty is afflicted?

I was formerly a Pupil of Dr. Batty's, who attended an Hospital, where

I had an Opportunity of seeing many Instances of this Disorder. – I have likewise had private Patients, from Time to Time, under that Disorder; but whenever the Disorder has been of some Continuance, I have desired the Assistance of Physicians who particularly attended Persons so disordered.

Whether Sir George Baker founds his Opinion, in his Answer to the Second Question, upon the particular Symptoms of His Majesty's Case, or upon his Experience of the Disorder in general, or upon both?

Upon my Experience of the Disorder in general.

Whether, in His Majesty's Disorder, Sir George Baker sees any present Signs of Convalescence?

I do not see any present Signs of Convalescence.

Whether Sir George Baker learns from Experience, that the greater Number of Persons, who have been afflicted with this Disorder, have recovered?

Upon general Experience, the greater Part have recovered.

Whether every Case, in the same Person, of a Disorder which has returned, is included in the Calculation of the whole Number of Cures?

I will not undertake to answer that Question.

Has the greater Number of Men, that have been afflicted with this Disorder, recovered?

I think so.

Has the greater Number of Persons recovered, whose Disorder has lasted, without Signs of Convalescence, as long as that of His Majesty has already done?

Yes, I can answer that in the Affirmative.

THE REVEREND DOCTOR FRANCIS WILLIS CALLED IN, AND EXAMINED

What Hopes has Dr. Willis of His Majesty's Recovery?

I have great Hopes of His Majesty's Recovery. If it were any other Person but His Majesty, I should scarce entertain a Doubt: When His Majesty reflects upon an Illness of this Kind, it may depress his Spirits, and retard his Cure more than a common Person.

Can Dr. Willis form any Judgment, or probable Conjecture, of the Time which His Majesty's Illness is likely to last?

I cannot.

What Degree of Experience has Dr. Willis had of the particular Species of Disorder with which His Majesty is afflicted?

A great deal for 28 Years; I imagine I have never had less than 30 Patients every Year of the Time.

Whether Doctor Willis founds his Opinion, in his Answer to the Second Question, upon the particular Symptoms of His Majesty's Case, or upon his Experience of the Disorder in general, or upon both?

FIG. 104



(a)

Manchester Infirmary and Lunatic Hospital, 1795. The Lunatic Hospital on the right of the Infirmary opened in 1766 with 22 'cells'. It became the model for many provincial asylums attached to general hospitals such as those at Leicester and Liverpool.



(b)

The Montrose Lunatic Hospital, 1781, which in 1811 became the Royal Scottish Asylum, was initiated by Mrs Susan Carnegie in 1779 and opened in 1781 as the first hospital for lunatics in Scotland; in 1791 it had 37 patients.



(c)



(d)

On the recovery of George III from his first attack of insanity a Thanksgiving Service was held on 23 April 1789 at St Paul's Cathedral and in all churches and chapels all over England and Wales when tokens like this were distributed.



(e)



(f)

For the same occasion tokens were struck bearing the head of Doctor Francis Willis who had the greatest share in the King's treatment – surely the finest piece of advertising ever achieved by a psychiatrist.

Upon both.

Whether, in His Majesty's Disorder, Dr. Willis sees any present Signs of Convalescence?

I cannot say that I do; at the same Time there is every Thing leading towards it, as the Irritation has in a great Measure subsided, which must precede Convalescence, or any Appearance of it. It must come on very gradually.

Whether Dr. Willis learns from Experience, that the greater Number of Persons, who have been afflicted with this Disorder, have recovered?

A very great Majority; I do not think I should speak false, if I said Nine out of Ten, of those that have been put under my Care, within Three Months after they had begun to be afflicted with the Disorder.

Whether every Cure in the same Person, of a Disorder which has returned, is included in the Calculation of the whole Number of Cures?

If a Person has been Twice under my Care, and Twice cured, I reckon two Cures, as I should of a Fever.

Has the greater Number of Men, that have been afflicted with this Disorder, recovered?

I never calculated that; I did not think there was any Difference between the Two Sexes as to the Facility of Cure.

What State of his Patients does he consider as a Cure?

Their being able to take upon themselves the Conduct of their own Affairs, and to do the same Business they were used to do before they fell ill.

What is the shortest Space of Time within which, in his Experience, he has known Persons, affected as His Majesty is, restored to Health?

Six Weeks, or Two Months, is the shortest, I believe.

Does Dr. Willis see any Thing in His Majesty's Case, which enables him to pronounce that His Majesty may not be restored to Health within that Compass of Time from the Commencement of his Attendance on His Majesty?

I do not see any Thing to enable me to pronounce that he may not.

Does Dr. Willis see any Thing in His Majesty's Case, which enables him to pronounce that His Majesty will be restored to Health within that Space of Time?

I cannot presume to say that he will.

What has been the longest Space of Time for which the Disorder has lasted, in the Case of such Patients as have been brought to him within three Months from the Beginning of the Attack, and as have recovered?

A Year and an Half, I believe, has been the longest of such Patients as have been brought to me; and few have been so long.

What is the most ordinary Space of Time he has found necessary for the Cure of such Patients?

I should think Five or Six Months, as near as I can calculate . . .

Whether, from your own Observation, or from the Particulars which have

been communicated to you, you can assign any known Cause to which, in your Judgment, His Majesty's Disorder is referrible?

From my own Experience with Regard to His Majesty, I cannot say any Thing; but from a very particular Detail of His Mode and Manner of Life for Twenty-seven Years, I do imagine, that weighty Business, severe Exercise, and too great Abstemiousness, and little Rest, has been too much for His Constitution . . .

DOCTOR ANTHONY ADDINGTON CALLED IN, AND EXAMINED

What Degree of Experience has Dr. Addington had of the particular Species of Disorder with which His Majesty is afflicted?

I had Patients, in a House that I built at Reading, for Five Years antecedent to the Year 1754, when I came to London . . . Though I have seen His Majesty very unquiet, it did not arise to that Degree of Inquietude which denoted a Disease that would be of very long Duration. I thought there was something in the very Habit of Body, as well as in His Majesty's Complexion, and in what had been His Way of Life, that was very favourable to a Cure. – Where there is not a very great Exertion of Body or Mind, Persons who have lived in the Way His Majesty has done, are very rarely liable to this Illness. – From the Account I had from my Brethren, who had the Honour to attend His Majesty, I had very great Expectations that it would end happily, from this Circumstance – that it had not for its Forerunner that Melancholy which usually precedes a tedious Illness of this Sort. – I never knew an Instance of an Illness, that, under proper Care, run to any great Length, which had not been so preceded. – As for Experience, I have visited a considerable Number of Patients in that Disease, in and round Reading. – Finding they could not be taken so much Care of as they ought to be in their Houses, and that I might be as little interrupted as possible in the Practice of other Branches of my Profession, I built a House, contiguous to my own, for the Reception of such Patients. – I visited them there constantly every Day. – I had from 8 to 10 Patients there usually at a Time. – During that Time, Two Patients were admitted, who were reasonably deemed to be incurable at the Time of their coming, and for Years before. – During the Charge of my Patients, for Five Years together, at that House, I never had more than Two other Patients that were not cured within the Year, and continued well, as far as ever I knew. Some recovered in much shorter Time; and I had several that were quite well within a Quarter of a Year. – If any of those Persons had relapsed, I believe, from the partial Opinion of their Families, I should have heard of it. – Where there is a Relapse, I should not call it a perfect Cure.

What State of the Patients did Dr. Addington consider as a Cure?

When the Patient was able to do every Thing that a Man in Health does.

ST LUKE'S HOSPITAL

QUARTERLY ACCOUNT, 1789

St. LUKE's HOSPITAL for LUNATICKS.

SIR,

BY Direction of the Committee, I hereby acquaint you, that you are to bring or send to the Hospital, this Day Fortnight, precisely at Eleven in the Morning, the Sum of Three Pounds and Five Shillings, to pay for Three Months Board, &c. of M.r Tiley
a Patient in this Hospital: And that if you neglect to send or bring the same, the Patient will be discharged. Dated Friday the 11 *Day of* Dec.r 1789

Your humble Servant,

JOHN WEBSTER, Secr.

N. B. The Committee desire you will give no Fee whatever to the Officers or Servants, for doing anything against the Rules and Orders of this Hospital.

1789
Sept.r 22 To 1 pr. Shoes & Buckles 0 6 6
Dec.r 12 Paid for Mend.g Coat & Waist.t 0 2 9
Dec.r 16 To 2 pr. Knit Hoses 0 7 4
To Soling & H. Shoes 0 2 3
To Mend.g Shirts Stocks &c. for 1/4 year 0 2 6
1 1 4
Dec.r 16. 1789 Board &c. 3 5 0
4 16 4
Sett.d the Contents Ed.d Dawson
Messrs Glyn Mills & Mitton Pay this Bill & Charge on Account of Will.m Tiley deceased
Henry Mitton Esqr.

FIG. 105 Quarterly account for maintenance and expenses such as 'a pair Shoes & Buckles', '2 pairs of Knit Hoses', 'Mending Shirts Stockings' for an 'incurable' (chronic) patient in St Luke's Hospital, 1789 (*Glyn, Mills & Co.*).

A patient was reckoned 'incurable' and discharged if he had not responded to treatment after twelve months. From 1754 accommodation was provided for readmission of incurables at five shillings per week. This account was receipted by Thomas Dunston who in 1782 had been promoted from 'senior basketman' (or nurse) at Bethlem Hospital to 'head man keeper' at St Luke's, while his wife was appointed 'head woman keeper'. In 1786 their titles were changed to 'Master' and 'Matron' and they remained in this situation in which they were responsible for the day-to-day running of the hospital and management of its 250-300 patients for thirty-four years. As a result of this great experience Dunston was consulted by William Tuke when he was planning the Retreat at York, was called in 1807 before the *Select Committee appointed to enquire into the state of lunatics*, and again in 1815/6 before the *Select Committee appointed to consider of provision being made for the better regulation of madhouses, in England.* In 1816 after his wife's death he was designated superintendent, and held this office to his death in 1830.

JAMES CURRIE (1756–1805)

MD Glasgow, FRCP Edin., FRS, physician to Liverpool Infirmary

Two letters on the establishment of a lunatic asylum at Liverpool. In: *The Liverpool Advertiser*, 29 August and 12 November 1789; reprinted in *Medical reports, on the effects of water, cold and warm, as a remedy in fever and febrile diseases*, 1804 *Liverpool, Cadell* et al. Third edition Vol. 2, Appendix, pp. 23-5, 31-7

In the second half of the eighteenth century several of the larger provincial cities built lunatic asylums adjacent to and under the same administration and physicians as their infirmaries. The need for a lunatic asylum in Liverpool to take the patients who had either been 'confined in the Poor-house, a building erected for the reception of helpless infancy and declining age' or had 'been sent to a distance' was first stressed by John Howard as the result of one of his periodical tours of inspection of hospitals and other institutions in the 1780s: 'Witnessing the situation of the Lunatics in our Poor-house . . . he was impressed with our want of a separate building for their reception . . . and some time afterwards he wrote a letter to the Mayor . . . recommending the erection of a Lunatic Asylum, and offering fifty pounds towards it, whenever it should be undertaken'. Although Howard died after 'the scheme . . . had been brought forward' but before it was 'carried into effect' he had left instructions for the money to be paid. 'Hence' wrote Currie, 'the name of *John Howard of Cardington* graces our subscription list'. Currie who was one of the moving spirits of the scheme published towards the end of 1789 letters in the local press in order to engage public support two of which (*Gore's Liverpool Advertiser* 20 August and 15 October 1789) he reprinted in the third edition of his well known *Medical reports, on the effects of water*, 1804 'having [been] several times applied for by persons engaged in similar undertakings'. Extracts of these are given here because Currie's discussion of whether 'the Lunatic Asylum . . . ought to be a distinct institution, placed in the country' or whether 'it ought to be combined with the existing Infirmary' is particularly topical at the present time. In the nineteenth century it became general policy to build large asylums in isolation outside towns for reasons of economy and to provide agricultural labour for patients. But today psychiatric units are again linked with general hospitals for much the same reason advanced by Currie, namely that 'diseases of the mind' are 'closely allied . . . to diseases of the body' and that the two 'are more nearly connected than is commonly imagined'. To this reprint Currie added that 'The Lunatic Asylum was completed in the year 1790, nearly on the plan recommended above. It has accommodation for sixty-four patients. No inconvenience has been ever experienced from its vicinity to the Infirmary'. It had cost just

short of six thousand pounds and was conducted by a 'keeper and matron' brought from St Luke's Hospital in London.

Of Currie's correspondents Alexander Hunter (1729–1809), MD Edin., FRS, physician to York Lunatic Asylum which he was instrumental in founding and which opened in 1777, deserves special mention. He was also consulted about details of construction and administration of other 'Lunatic Hospitals' not only at home (as by Leicester Infirmary) but also abroad, for instance by the *Comité de Mendicité* in 1790 when the French authorities were planning to improve the conditions of their pauper lunatics. The only account however Hunter published of how he conducted the York Asylum was a twenty-six page appendix to his edition of *Observations on the nature and method of cure of the phthisis pulmonalis . . . from materials left by the late William White*, 1792, York. Unfortunately his public face was very different from his conduct within the asylum walls. After his death investigations into its affairs in 1813/14 [see Higgins 1815] brought to light 'terrible abuses in the treatment of the patients, as well as in the financial management of the institution . . . the result was, after months of conflict, the discharge of every resident officer, keeper and nurse; [and] the reorganization of the establishment . . . under the direction, in the first place, of George and Katharine Jepson, the superintendent and matron of the Retreat'. It transpired that for years Hunter had conducted it with almost no consideration in mind but personal profit. Samuel Tuke many years later also revealed that nostrums consisting of 'aperients and emetics, in the form of green and grey powders . . . were sold by his [Hunter's] agent in the city [York], and . . . in a great part of Yorkshire and the North of England' as a 'sovereign remedy to cure the distempered brain' (*Review of the early history of the Retreat*, 1846, York).

ASYLUMS ATTACHED TO GENERAL HOSPITALS

In the institution of a Lunatic Asylum there is this singularity, that the interests of the rich and poor are equally and immediately united. Under other diseases the rich may have every assistance at their own homes, but under insanity, relief can seldom be obtained but from an establishment for the treatment of this particular disease. Hence the objects of a Lunatic Asylum are two-fold – to provide accomodations for the poor suitable to their circumstances, and to make provision for those of superior stations, who are able to remunerate the expense. The objects of such an institution are two-fold in another sense: It holds out a shelter both for the curable and incurable. To the first it proposes the restoration of reason, and while it relieves society from the burthen of the last, it covers the hapless victims themselves from the dangers of life, and from the selfish contempt of an unfeeling world. A Lunatic Asylum differs from hospitals for the sick in another important particular. These require not only a great expense for their original establishment, but a great annual contribution for carrying them on, since the patients in hospitals have not only their lodging and attendance gratuitous, but their food also, and sometimes their cloathing. On the contrary, in a Lunatic Asylum, the expense of diet

and cloathing (except in very particular cases) never falls on the institution; this being defrayed for the paupers, by the parishes to which they belong, and for those in better circumstances, by the guardians of their property. It is the policy of an asylum to make these two classes connect with each other, so that the increased payments made by the rich, may serve to diminish in some degree, the demands on the poor. Hence the annual expense of an Asylum is small, compared with that of hospitals, properly so called, though the expenditure required for the erection and fitting up of the building, must no doubt be considerable . . .

Every informed mind must indeed rejoice, that the general meeting called at the Infirmary to consider of the propriety of an Asylum for Lunatics, were unanimous in the approbation of the measure, and that a committee appointed by that meeting, are now preparing a plan for carrying it into effect . . . Some warm supporters of the Lunatic Asylum . . . are of opinion, that it ought to be a distinct institution, placed in the country, though near the town, where it may possess the advantage of the purest air, with a considerable space for the amusement of the patients in different exercises, and for their occupation in gardening and other innocent and healthful employments, when their minds are sufficiently calm to be engaged in this way. To this proposal the difficulty and the expense of carrying it into effect, are the only objections, for it cannot be denied, that it is, in the abstract, the best of all others. – Dr. Hunter of York, in a letter to the writer of this, gives a decided preference to this plan, and earnestly wishes, that every county in the kingdom would adopt it. – His opinion is the more to be regarded, because it is founded on actual experience, having himself been the principal agent in establishing an institution on this plan in his own county, to which he is the sole physician – The *York Lunatic Asylum*. But, it is to be feared, that such a plan can only be successful when proposed as a county establishment, and it does not appear that Lancashire is likely to unite in a measure of this kind. In Manchester, a Lunatic Hospital connected with the Infirmary there, has long flourished; and a similar establishment at Liverpool will probably answer every exigence that may arise, for many years to come . . . By combining the Lunatic Asylum with the Infirmary, there will not only be an immense saving of expense in the building itself, but in the annual disbursements. The same offices, apothecary, and board of œconomy will serve both, besides other advantages; and for a third of eight thousand pounds, all that is wanted may possibly be obtained. To this union the same objections do not apply, as to a house for Lunatics in conjunction with the Poor-house. The discipline of an Infirmary, and of a Lunatic Asylum, have similar objects, and require the same habits, and nearly the same degree of watchfulness and attention. The institutions themselves are closely allied in their nature; the first affords relief to diseases of the body, the second to diseases of the mind. That these are more nearly connected than is commonly imagined, it would be easy to show, if this were the proper

place to enter on such discussions. Madness indeed can only be called a disease of the mind, because its most striking symptom is the derangement of the intellect. – The disorder, it is reasonable to suppose on every theory, is seated not in the agent but in the instrument of thought, and to borrow an expression from the letter of the enlightened physician already mentioned, a madman may be defined, 'a man out of tune' . . . It has been supposed that the vicinity of the Lunatic Asylum to the Infirmary might be hurtful to this charity, from the patients in it being disturbed by the noise of the *Insane*. – As this objection is an important one, it has been particularly examined. Where experience can be had, it is always safest to have recourse to it, and this has been done in the present instance. On this particular point Dr. Hunter of York, Dr. Simmons, physician to St. Luke's Hospital London, Dr. Eason, physician to the Infirmary and Lunatic Hospital of Manchester, Dr. Moncrieff of Bristol, and Dr. Cleghorn of Glasgow, have been consulted, and the writer of this has also had ample communication on the structure and œconomy of Lunatic establishments with Dr. Gilchrist of Dumfries. He has likewise, by the assistance of Mr. Christie of London, obtained a plan and an account of the Lunatic Hospital at Montrose. To detail the information contained in these letters would be tedious and needless . . . It will be sufficient to say, that on this point, the answers of such as have had experience, are clear and satisfactory. In the Dumfries Infirmary, Lunatics were at first confined on the ground floor, under the same roof with the other patients, but their numbers having increased, a separate building has been erected for them, which stands as a wing to the Hospital; and, as appears by a plan of the whole, at a distance from it of thirty feet. In this instance, the objection it is clear has never occurred. In Manchester the Lunatic Hospital is in close connexion with the Infirmary, as those who have visited that town must have seen, yet here we have the express assertion of Dr. Eason, that no such inconvenience has been felt, and this account has been confirmed by Mr. Darbey, a very ingenious gentleman, who has seen the spot on which our Asylum is intended to be built, and who served the office of apothecary to the Manchester Infirmary for twenty years.

Mr. Christie and Dr. Simmons mention that this objection was started to the vicinity of St. Luke's with the Lying-in-hospital, but that it was over-ruled, and that experience has proved it to be merely hypothetical. Yet by the plan of St. Luke's, which the former has been so kind as to send, the distance between these buildings is only forty feet. Between the Liverpool Infirmary and the projected Asylum, a distance of fifty yards, if necessary, may be obtained. If to these instances we add, that the trustees of Guy's Hospital, with all the experience of other institutions before them, and with a fund that is adequate to almost any expense, are about to erect a building in connexion with that Infirmary, exactly upon our plan, it is hoped that the danger apprehended in our case, will no longer be feared.

J. C. LAVATER

ENGRAVING OF AN IDIOT, 1789



FIG. 106 Engraving of an idiot (possibly a cretin) from J. C. Lavater's *Essays on physiognomy*, 1789 (translated by T. Holcroft), London, Robinson, vol. 3, plate 36.

The commentary reads: 'The mouth and nose of this idiot have not lost the national character [Swiss], though he is not so natively stupid as to be incapable of being taught, or of any unexpected or original thought. There are decisive marks of stupidity . . . in the eyebrows, the vacant eye, the cavity between the forehead and nose, and, particularly, in the mouth, chin, and neck. I should have discovered folly even in the wrinkles of the cheek'. 'Physiognomony, or, as more shortly written Physiognomy is the science or knowledge of the correspondence between the external and internal man, the visible superficies and the invisible contents': this is why pictures of idiots and lunatics were common in books like this and later in the phrenological literature before they appeared in medical treatises on insanity like Sir Alexander Morison's *Outlines of lectures on mental diseases*, 1826 (second edition).

ANDREW HARPER (?–1790)

Anglo-American non-commissioned surgeon on the staff of the Royal Garrison Battalion of Foot, Fort Nassau, Bahamas

A treatise on the real cause and cure of insanity; in which the nature and distinctions of this disease are fully explained, and the treatment established on new principles, 1789 *London, Stalker & Walter* (pp. vii + 69) pp. 27-9, 33-4, 40, 59-61

Little is known about Harper's life and where and how he obtained his experience of the insane, but he achieved some fame especially among Continental authors as a protagonist of the psychic as opposed to the somatic school of origin of mental illness. He emphasised that 'insanity' which originates 'in the intrinsic motions and operations of the mental faculty' should be clearly distinguished from 'changes and modifications . . . that the mental faculty may suffer . . . from corporal causes'. He opposed the advice given by other writers of immediately 'consigning the unfortunate victims' to a madhouse (perhaps because unlike most of them he was not associated with one himself) since if 'the tumultuary notions' of the mind were allowed to spend themselves, they would cease spontaneously unless aggravated and perpetuated by 'coercion'. With this he voiced the new attitude to the insane which looked on confinement and restraint not only as not therapeutic but positively harmful, because insanity was no longer considered merely as a display of fury and violence to be subdued and conquered by stripes, chains and lowering treatments.

INSANITY: DISEASE OF THE MIND

Upon the whole then, I flatter myself, that the nature of Insanity has been clearly traced up so far as to render it an unquestionable axiom, that the cause of it must depend upon some specific alteration in the essential operations and movements of the mind, independent and exclusive of every corporal, sympathetic, direct, or indirect excitement, or irritation whatever. It has also, I conceive, fully appeared in the course of the investigation, that no possible degree of stimulus or excitement, corporally applied or acting in the system, can raise the tone of the mind or nervous motions so far above the healthful equilibrium as to produce any thing parallel or equal to true Insanity. It has been admitted likewise that the mental faculty may suffer a variety of changes and modifications in its motions, *ad infinitum*, from corporal causes, below the healthful equilibrium, but these changes and modifications have been proved totally dissimilar to Insanity, so that this point requires no farther elucidation.

A

TREATISE

ON THE

REAL CAUSE AND CURE

OF

INSANITY;

IN WHICH THE

NATURE and DISTINCTIONS

OF THIS

DISEASE ARE FULLY EXPLAINED,

AND THE

TREATMENT ESTABLISHED ON NEW PRINCIPLES.

INSCRIBED, BY PERMISSION,
To the Right Honourable
LORD SOUTHAMPTON.

BY ANDREW HARPER,
AUTHOR OF THE ECONOMY OF HEALTH.

LONDON:
PRINTED FOR C. STALKER, STATIONERS
COURT, LUDGATE STREET; AND
J. WALTER, OPPOSITE
BOND-STREET,
PICCADILLY.
1789.

FIG. 107 Title-page of Harper's *Treatise on . . . insanity*, 1789

I will therefore take upon me to define and pronounce the proximate cause and specific existence of Insanity to be a positive, immediate discord, in the intrinsic motions and operations of the mental faculty, exerted above the healthful equilibrium, its exact seat to be in the prime movement, and its precise extent, just as far as the nervous power conveys its influence . . . I do not conceive that multiplicity, diversity, or variation of ideas, as far as my reason and observations goes, can by their own effects, without any other cause, produce Insanity. But if the mental faculty happens to be particularly occupied and engaged by the presence and operation of some separate, exclusive object, affection, or idea, or even peculiar train of uniform ideas, the mind, by being thus pitched upon a specific note, and its nervous motions circumscribed within the limits of a

certain modulation, receives too deep an impression, from this unchanging effect, in the tone of its movement. Now this particular object, affection or idea, thus in possession of the mental faculty, or prime movement, gains ground by continuance, and if it still remain in exercise, it gradually becomes the fixed, habitual motion, or predominant note, and then by engrossing the natural and general movements, it begins to obtund and and terrupt the efficiency and perfection of the common and incidental ideas or impressions, and at last brings every image or modulation into unison with itself, and thus ultimately, by drawing the whole circle of sensorial motions into its own vortex, the order, and harmony of mental operations is destroyed, and discord or Insanity ensues . . .

Before I close this part of the subject, it is highly necessary that I should remark that any of the class of depressive ideas may, in an accidental manner, produce a temporary Insanity, when the actuating object happens to be exceedingly impressive, and the constitution of the patient strong and excitable . . .

The custom of immediately consigning the unfortunate victims of Insanity to the cells of Bedlam, or the dreary mansions of some private confinement, is certainly big with ignorance and absurdity. This practice, 'tis true, may answer the purpose of private interest, and domestic conveniency, but at the same time it destroys all the obligations of humanity, robs the sufferer of every advantage, and deprives him of all the favourable circumstances which might tend to his recovery. I am very positive that Insanity may be cured with great certainty and expedition, in the beginning, and I am equally convinced that confinement never fails to aggravate the disease. A state of coercion is a state of torture from which the mind, under any circumstances, revolts. In the worst cases, where some sort of restraint is indispensibly necessary, the patients hands should only be muffled or manacled, and the whole range of an undarkened room should be assigned for his use. Confinement thwarts every salutary purpose, and defeats every effort which nature makes. If it were possible to give full scope to the extravagant humours and excentric vagaries of incipient Insanity, I can conceive it very probable that the mind would pursue the fantastic delusion, through the path of distracted ideas, till the powers of mental action being spent, and the corporal system materially changed, the tumultuary motions would consequently cease, and the calm serenity of established reason resume its natural influence.

BENJAMIN FAULKNER (?–1799)

Owner of a private madhouse at Little Chelsea, London, first registered in 1785

Observations on the general and improper treatment of insanity: with a plan for the more speedy and effectual recovery of insane persons, [1790] *London*, for the author (pp. 26) pp. 8-9, 17-19, 21-3

Towards the end of the eighteenth century the private madhouses in and about London within the jurisdiction of the College of Physicians had grown from seven originally registered when the *Act for regulating Madhouses* came into force in October 1774 to between twenty and thirty. Their sizes varied from less than ten beds to several hundred. An owner of a large one like Sir Jonathan Miles whose family had kept madhouses in Hoxton since 1695 [see FIG. 159] and who had in 1815 nearly 500 patients in six establishments, employed his 'own medical man' at £150 a year (*Select committee . . .* 1815). The smaller ones either belonged to physicians or surgeons who treated their own patients as for instance Brooke House, Hackney which belonged to the Monro family, or like Faulkner's were run on lines similar to present-day nursing homes. Faulkner provided only accommodation, board and nursing care leaving clinical charge and treatment including admission and discharge to the patient's physician. This arrangement was an advance on the old system because it separated financial interest in keeping the patient from that in curing him, and so provided a safeguard against exploitation to which the mentally ill have always been exposed. How real this danger was may be judged from a provision of the *Act* of 1774 which to some extent guarded against it by prohibiting Commissioners appointed under it having any interest in 'keeping any House for the Reception of Lunaticks'; and the Act of 1828 made it illegal for owners and part-owners of madhouses and medical men employed by them to sign certificates of admission to their houses. Indeed the very propriety of a mad-doctor owning a madhouse was seriously questioned by the middle of the nineteenth century.

A NURSING HOME FOR MENTAL PATIENTS

I cannot help lamenting, that the number of unhappy objects seem to have increased in proportion to the increase of houses licensed for their reception; and that the cure of many patients too often depends more on their ability to support the expence of such a situation, than any desire in those concerned to use an expedition which must terminate their lucrative purposes. Of this there are many melancholy and well known instances. There are also instances, in proof, of persons having been confined several years, who, on a removal to another house, or perhaps to an hospital, have

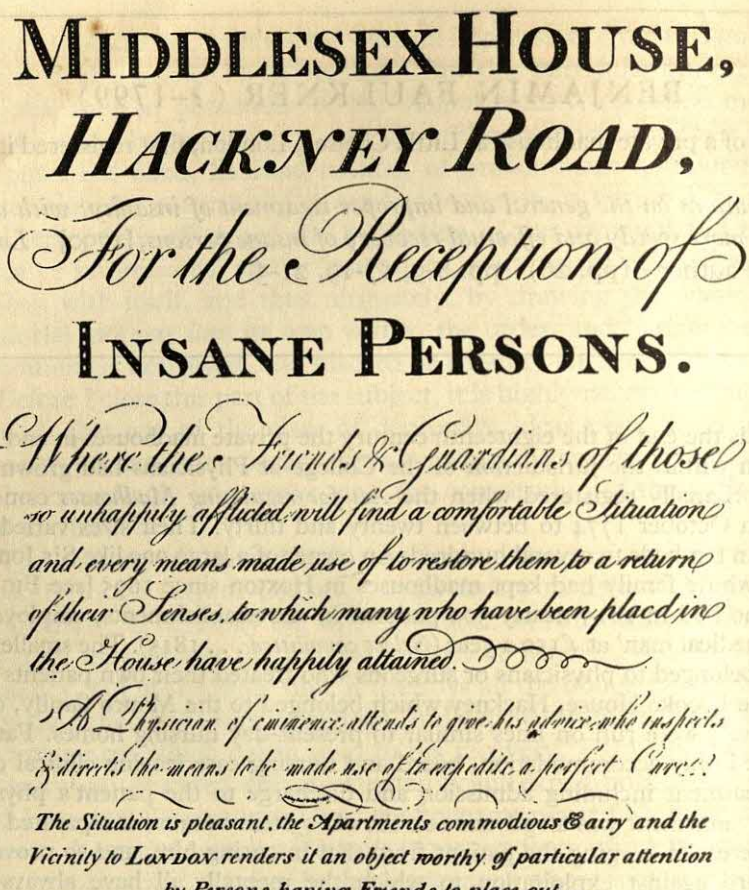


FIG. 108 Engraving in four colours by Harry Ashby the eminent writing-engraver, dated 1797, describing the amenities of Middlesex House, Hackney Road, London ('NB. An Excellent Shower Bath'), opened in 1791 for 10 patients by Samuel Cotes, subsequently enlarged and closed in 1811.

speedily recovered. From whence it is evident, that there is some stronger power than the malignity of the disorder to counteract the operations of proper medicines . . . It requires no uncommon faith to believe, that the desire of profit, and the accumulation of advantages resulting from expensive board and lodging, will, with too many, have more weight than the reputation of an early cure . . . To guard as much as possible against this effect, and to recommend a proper attention to this object, is the purport of the present address to the public . . .

If the intellect appears to be disordered, it is the business of the physician to attend to the habit of the body, and to prescribe such regimen, &c. as may be requisite. But immediately to run into extremes, and to treat the patient as a confirmed lunatic, locking him up from society, and debarring him the attentions of his friends, is a practice which no skilful and humane physician will adopt or countenance . . . If, for family convenience, a necessary change of air, or quiet retirement, any of these gentlemen advise a removal to a house appropriated to the reception of such patients, they will mention some *free house*, by which is to be understood a house into which *any* physician may be called, where any friends may visit, and where the patient is attended by those who can only follow the directions of his physician, whose best advantage results from a speedy cure; a house pleasantly situated, and so managed as to create no horror in the mind of the patient . . . Such have been the happy effects of this mode, that . . . I have generally found the patient discharged in the course of *a few months*; whilst in other situations it is but too well known, that the miserable often continue miserable for several years, and are frequently at length consigned to some public hospital, or pronounced incurable; for medicine only, allowing it to be judiciously and honestly administered, can produce but a partial relief; for the mind is not, like the body, subject to the command and operation of that which cannot touch it, but which may put the body into the best frame for the returning mind.

In my house, all unnecessary confinement is avoided. The physician having prescribed a diet adapted to the state of the body, I endeavour to second his purpose by presenting objects of amusement, directing the attention, and humouring the imagination in those little sallies which sometimes indicate a desire of mental exertion. Exercise, when they will bear it, is given them; and every appearance of restraint avoided. Coersion is never used, but when absolutely requisite, and is abandoned as early as possible. Every indulgence, so far as is consistent with physical and medical operation, is allowed; and it will not be wondered at that, thus treated as a rational creature, with attention and humanity, amused and managed with art, the patient should regain his rational faculties, recur to his former habits, and gradually become himself again.

CHARLES MOORE (1743–1811)

MA Cantab., rector of Cuxton, vicar of Boughton-on-Blean, Kent

A full inquiry into the subject of suicide, 1790 *London, Rivington* et al. 2 vols Vol. 1, pp. 306-19, 323-5

'Though many excellent sermons and short essays have been written on the guilt of suicide' wrote Moore in his introduction, 'it has never been treated . . . on a large and comprehensive scale, so as to unite all its several parts and branches in one and the same work'. This he set out to do in what was up to his time the most extensive treatise on the 'natural, social, moral and religious' aspects of suicide the risk of which the psychiatrist must continually bear in mind. From it is taken his historical survey showing the roots of modern legal attitudes and why Coroners still prefer the verdict of 'accidental death' even to 'suicide while of unsound mind'. The question whether all suicides are necessarily insane remains in dispute.

SUICIDE

The punishment of suicide in England is of a mixed nature, being grounded partly on statute-law and partly on the authority of long established customs founded on old canons, old laws and constitutions. These shall now be traced . . .

In a council held at Hereford An. Dom. 673 under Theodore, Archbishop of Canterbury . . . the canon of the council of Orleans made An. Dom. 533 against receiving the oblations of suicides was established in England; and also that of Braga in the year 563, which forbids them christian burial . . . Theodore . . . himself collected a 'Penitential or Ritual' made up of canons taken from the councils of foreign churches . . . in which is the following passage. 'If any one be so tormented by the devil, as to run to and fro, scarce knowing what he does, and in that situation of mind should kill himself, it is proper to pray for such an one . . . But if he kill himself through despair, through any timidity, or from causes unknown, let us leave this judgment to God' . . . Thus stood the ecclesiastical censures on suicide in England during the age of our Saxon princes: neither do we find any alteration made in subsequent times. But after the Reformation, when the authority of ancient councils was so much weakened, still what in them respected a refusal of christian burial to the self-murderer was preserved and ratified by the rubric prefixed to the burial-service in our present liturgy; which forbids that service to be used

'for any that have laid violent hands on themselves'. Now the Book of Common Prayer, with all the rites and ceremonies enjoined therein, having been established by the authority of Parliament, the refusal of christian burial to suicides became a part of our written or statute law.

It is now time to trace what can be found of the further punishment of this crime in the 'lex non scripta', or common law of the land. Wilkins in his 'Leges Anglo-Saxonicae' has the following note . . . 'The punishment of suicide is no where found among the Saxon laws, except in the canons given by Edgar; and this is only an ecclesiastical punishment, which, as in other crimes, it would be penance, so here it is a prohibition from all honourable interment. But among the Danes a far different law obtains. 'Let him, who hath murdered himself, be fined in all his goods to his lord; let him find a place of burial neither in the church nor church-yard; unless ill-health and madness drove him to the perpetration'. It is probable therefore that the Danes might introduce the law of forfeiture into England among other of their laws and customs.

An ancient writer on the laws and customs of England, at the end of our third Henry's reign, mentions the political punishment of suicide to be by forfeiture of lands and chattels: this is 'Bracton'. The substance of what he advances is as follows. 'A person, who murders himself, being accused of or caught in the commission of any heinous crime (for which if he had lived to be condemned, he would have forfeited every thing) shall have no heir; because the killing himself is equivalent to a confession or conviction of his guilt. But if a man kill himself when under no charge of a crime, he is allowed to have an heir; because as no felony was supposed to precede his death, there could be no presumptive conviction of criminality by his death . . . Yet he who kills himself through weariness of life, or impatience of pain and grief, shall forfeit all his moveables or personal estate, though he is permitted to have an heir to his lands or real estate. Moreover, if a person attempt to kill another and fail, and then through rage at his disappointment suddenly kill himself, he shall be punished and have no heir, (to his lands as well as goods) because he is to be considered as guilty of the felonious attempt of killing another; since he, who spares not himself, will never spare another, when in his power. But the madman, or the ideot, or the infant, or the person under such acute pain as to produce a temporary distraction, who kills himself, shall forfeit neither lands nor chattels; because he is deprived of reason'. There seems here to be three distinct cases of suicide enumerated, with their penalties annexed; the first, of an offender against the state thus flying from punishment, who is to forfeit his whole property real and personal; the second, of a person not previously accused of any felonious act, who is to forfeit only his moveables or personals; and the third, of an infant or an irrational person, who is to suffer no forfeiture or punishment at all. The first case, which is founded on the principles of Imperial law, seems to have gradually fallen into disuse; probably owing to the extraordinary mildness of the English

constitution, which will not suffer any man to condemn himself, or to be attainted, but by due and full process of law: the two latter continue in the same state to this day . . .

Descending into more modern times, there appears little variation of the common law relative to suicide, except in regard to the forfeiture of land, which has been gradually discontinued . . . Coke . . . speaks peremptorily of a suicide as forfeiting no lands in any case. 'Felo de se (says he) is one, who being compos mentis, of sound memory and of the age of discretion, killeth himself; which being lawfully found by the oath of twelve men, all the goods and chattels of the party so offending are forfeited . . . He forfeits no lands, because that can be done only by attainder' . . . These extracts shall be closed with one from Blackstone . . . 'The party must be of years of discretion and in his senses, else it is no crime. But the law can only act (by way of punishment) upon what the suicide has left behind him, his reputation and his fortune; on the former, by an ignominious burial in the highway with a stake driven through the body; on the latter, by a forfeiture of all his goods and chattels to the king . . .'

The punishment annexed to self-murder both by the common and statute law of this kingdom, having been stated, the grounds on which these penalties are inflicted shall now be ascertained . . . A grievous offence has been committed, even a murder of a peculiar nature, and whose 'principle' is dangerous and destructive to every interest and happiness of society; and as such, it must not pass unnoticed or unpunished, in order to prevent, as far as may be, its future perpetration . . . But this charge, being meant to imply the most serious consequences, is not to be rashly imputed to every one, who makes away with himself. For so tender is the law in general with regard to the life of a subject, that an officer is appointed to inquire into the cause of 'every' violent, sudden or suspicious kind of death: and as the suicide's death comes immediately under the description of violence, a coroner is or at least always ought to be called in to determine the matter. It is his business immediately to summon a jury of the neighbours, who are to inspect the dead body, and to inquire into the cause of this sudden disaster. If it be proved to have happened by a man's own hand, the law is yet unwilling to suppose it could be the act of reason, and therefore with great humanity directs its inquiries into the state of mind of the suicide at the time of his sudden death. If insanity can be proved, the verdict 'lunacy' is a sort of wretched consolation to the friends of the deceased: the body is admitted to christian burial, and the property flows in its natural channel. But if even the stretched humanity of a coroner's jury cannot refuse the plain proofs of preceding rationality, then the verdict 'felo de se' is given, by which the body of the suicide is denied the rights of christian burial according to canon or ecclesiastical law, confirmed and ratified by statute, and the goods and chattels (but not land) of the deceased are forfeited to the king by common law and ancient usage . . .

It cannot escape any one's observation, that though such frequent application is necessarily made to the laws of suicide, yet their penalties are seldom or ever enforced. Now the evasion arises from two considerations, one of which regards the object himself, the other his family. They are both grounded on principles of humanity, and therefore must not be precipitately censured; but it does not thence follow, that they must also be implicitly approved; since however amiable it be to blend mercy with judgment, yet the example is dangerous, which exalts compassion above truth and justice . . . the very horror of the crime often tends to bias their [Coroner's jurymen] judgments, by inducing them to conclude, that so unnatural a deed must of necessity proceed from a distracted or lunatic state of mind; and that even if no symptoms of that kind have previously appeared, yet that the very action itself is a sufficient proof of a failure in the understanding at the moment of commission. Under such a persuasion no other verdict can possibly be given, but that of 'lunacy'; which excluding all offence effectually screens from all reproach.

But is there not a greater share of humanity than of truth in the supposition, that the mere act of suicide 'necessarily' implies lunacy? Is there no distinction to be made between a violent but voluntary perversion of reason, and its involuntary loss? If suicide 'necessarily' implies, that the person committing it was insane, where is the use of any further inquiry than to ascertain the means by which a man came by his death? . . . It is maintained that 'to kill oneself is so strange and unnatural an action, that none but a madman could commit it'; or to give the argument its full force at once – 'suicide implies madness – madness excludes guilt – therefore there is no guilt or crime in suicide'. As the conclusion drawn from these premises is logical and important, it behoves us thoroughly to examine into their pretensions to truth: or in other words to inquire, whether suicide necessarily implies madness? and whether madness necessarily excludes all guilt?

JAMES CARMICHAEL SMYTH (1741–1821)

MD Edin., FRCP, FRS, physician to the Middlesex Hospital, London

Of the aphonia spasmodica. In: *Medical Communications, London,* 1790 Vol. 2, pp. 488-90

Smyth has two claims to be remembered in the history of psychiatry. The first was his re-introduction of 'swinging', a method of mechanical sedation used in antiquity. Although his experience was limited to patients with pulmonary tuberculosis he suggested that it might 'be employed . . . in a variety of cases' to subdue 'the nervous influence' and 'the principle of irritability' (*An account of the effects of swinging, employed as a remedy in the pulmonary consumption,* 1787). This suggestion was taken up by Erasmus Darwin (1796) and popularised by Cox (1806) who recommended it as 'both a moral and medical mean in the treatment of maniacs' and whose 'circulating' swing is illustrated in FIG. 118.

Smyth's second contribution was to draw attention to the condition today known as hysterical aphonia (although he did not realise its psychological origin) and to distinguish it from 'the loss of speech . . . accompanying a hemiplegia' today called aphasia. The former he regarded as a 'spasmodic' affection and eminently treatable, the latter as a 'paralytic symptom' unresponsive to treatment. His first patient was typically a young girl who recovered her speech on admission to hospital; the second an older man who had 'been guilty of some irregularity' – perhaps the reason for his aphonia and why he required 'to be electrified' to be cured. Such cases have been familiar to psychiatrists ever since the middle of the nineteenth century when hysterical manifestations were extensively studied – produced and cured – during experiments with hypnosis.

FUNCTIONAL APHONIA

The loss of speech and voice is always mentioned by practical writers as a paralytic symptom, and one of those which is only to be met with accompanying a hemiplegia, or preceding an apoplexy. This observation, though certainly just, admits however of some exceptions; for I have met with instances, where the loss of speech and voice, so far from being a paralytic symptom, was evidently the consequence of a state of muscular contraction, directly opposite to the nature of this complaint . . .

A young woman, about seventeen or eighteen years of age, was brought from Hertfordshire to the Middlesex Hospital. Not being able to speak she could give no account of her complaints; and her friends who came with her to town having neglected to do it, we were at first under some little embarrassment. I soon, however, perceived, that though she could

not speak, she was perfectly sensible, and had no symptom either of palsy or of fever. She could put out her tongue without difficulty, and her mouth was not in the least drawn aside. Besides these circumstances, which were obvious at first sight, I learnt from herself, that she had lost her speech some months before, and that it was for the recovery of this that she had been brought to town. Having observed her tongue a little white, I ordered her an emetic, and a cordial or nervous medicine to be taken every six hours. Next day, on visiting the Hospital, I was greatly surprized to find that she had already recovered her speech, and was told by herself, as well as by the nurse and patients in the ward, that, so soon as the emetic began to operate, she found herself able to speak. She could now inform me of the particulars of her very singular illness, the commencement of which she dated from having drunk, along with some other young persons, a large quantity of cold water for a wager . . . During the whole of her illness she was not sensible of any pain, giddiness, or other uneasiness, excepting a tightness and sense of constriction in her throat, and about the root of her tongue, and which was removed by the emetic. She remained only a few days in the Hospital, for having no return of her complaint, she requested to be discharged.

A man, about fifty years of age, was in the year 1764 received into the Infirmary of Edinburgh. He was of a very delicate constitution, extremely irritable, and greatly emaciated, his body having suffered by disease, and his mind from the misfortunes of life . . . after having been guilty of some irregularity, he had . . . a complete aphonia, or loss of speech and voice, a difficulty in swallowing, and even in putting out his tongue; though neither this nor his mouth were in the least drawn aside. He was perfectly sensible of his situation, and gave me in writing a most exact account of his sufferings; he had no appetite for food, and his sleep was disturbed, but his chief complaints were a sense of choking upon attempting to swallow, and a tightness or sense of constriction about his throat and tongue . . . he was ordered to be electrified, and the electricity produced a sudden and very surprizing change on his disorder . . . after the electricity had been employed three or four times, he could speak pretty distinctly: he recovered his voice likewise, and the other symptoms gradually giving way, he was in a short time dismissed the Hospital in perfect health.

JOHN BIRCH (?1745–1815)

Surgeon to St Thomas's Hospital, London

A letter to the author, from Mr. John Birch, Surgeon, on the subject of medical electricity. In: *An essay on electricity, explaining the principles of that useful science; and describing the instruments*, by George Adams, 1792 *London, for the author* Fourth edition pp. 561-6

Electricity as a remedial agent has a very ancient history. The numbing effect of an electric shock on human beings was known to the ancient Greeks from their contact with the electric torpedo or cramp-fish, a common inhabitant of the Mediterranean: its 'name alone (*νάρκη*) is sufficient to ascertain the knowledge the ancients then had of its torporific qualities' observed Sir John Pringle MD, FRCP, FRS in his *Discourse on the torpedo; delivered at the . . . Royal Society*, 1774. He went on to discuss its medical application and mentioned that 'before the days of Galen, the torpedo was applied alive to parts affected, and particularly for the cure of an obstinate head-ach'. Galen himself observed that 'the touch of a living torpedo . . . stupefied or blunted the acute sense of pain', and prepared 'an oil from the dead animal' for use when a living one was not available (*ibid.* In: *Six discourses*, 1783). In the eighteenth century medical electricity was revived from an entirely different angle as the result of the invention of frictional electrical machines. The shocks so produced were demonstrated by itinerant showmen all over the country and it became the craze for 'men, women and children' to be 'electrified out of their senses . . . for the moderate consideration of sixpence' Mrs Elizabeth Carter recorded in 1747.

In the same decade the Leyden jar for accumulating electricity was discovered and medical men started to interest themselves in the therapeutic possibilities of the new agent. On ancient precedent it was first used for the relief of local pain but soon also for the treatment of paralysis after it had been noticed that electric shocks produced muscular contractions. From this it was but one step to its use for nervous disorders of all kinds. By 1756 Richard Lovett (1692–1780), lay clerk of Worcester Cathedral collected in *The subtil medium prov'd* the first body of evidence of 'Its various Uses in the animal Œconomy, particularly when apply'd to Maladies and Disorders incident to the human Body' with 'The Method of applying it in each particular Case'. It was this book which attracted John Wesley's attention to the subject.

Electricity soon became an accepted form of treatment and 'electricians', electrical machines and departments were established at the London hospitals. In 1793 there was founded the first 'Electrical Dispensary' in London 'with a view to afford a new benefit to the lower orders of mankind' which in its first year treated 3,274 assorted patients, cured 1,401 and relieved 1,232 (A. Highmore, *Pietas Londinensis*, 1810).

Benjamin Franklin during his experiments with electricity accidentally experienced two 'great strokes' himself which knocked him unconscious to the ground and left him with a brief retrograde amnesia. Taking his experience in conjunction with that of his friend Dr John Ingenhousz he suggested 'trying the practice on mad people'. And the first cases so treated were reported by Birch, an early enthusiastic advocate of electricity as a remedial agent and founder of the electrical department at St Thomas's Hospital. George Adams the younger (1750–1795), a member of a famous family of instrument makers supplied the machines and Birch in turn provided him with a seventy-five page contribution for the fourth edition of his book on electrical experiments and apparatus. 'I am happy' wrote Birch, 'in an opportunity of testifying how much the success of my practice has been owing to . . the unremitting attention you have paid to the improvements of the apparatus'. An extract from it is quoted here because it contains the first account of patients suffering from a mental illness – 'melancholy' – treated with electric currents applied direct to the head and 'passed through the brain'.

ELECTRICAL TREATMENT TO THE HEAD

In the month of November, 1787, a porter of the India warehouses was sent to me by a lady of great humanity for advice, being in a state of melancholy, induced by the death of one of his children. Seven years before, he had been seized in the same manner from a similar event, but recovered from it in a short time, without medical aid. In the year 1783, he was a second time seized, and remained in this melancholy state upwards of twelve months, although every proper advice was called to his assistance.

He had been two months afflicted when I first saw him. He was quiet, would suffer his wife to lead him about the house, but he never spoke to her; he sighed frequently, and was inattentive to every thing that passed; his appetite and sleep were moderate, his body regular, and his pulse weak and slow.

I covered his head with a flannel, and rubbed the electric sparks all over the cranium; he seemed to feel it disagreeable, but said nothing. On the second visit, finding no inconvenience had ensued, I passed six small shocks through the brain in different directions. As soon as he got into an adjoining room, and saw his wife, he spoke to her, and in the evening was cheerful, expressing himself, as if he thought he should soon go to his work again. I repeated the shocks in like manner on the third and the fourth day, after which he went to work: I desired to see him every Sunday, which I did for three months after, and he remained perfectly well. I then dismissed him, with a request that I might be acquainted if ever he had occasion for advice. In the latter end of August, 1791, the woman again applied to me; her husband had continued well till that time, but then had a recurrence of his melancholy without any proximate cause. As he had apparent feverish symptoms, I did not think him in a fit state

for the electric shock; I therefore advised him to apply for medical aid, and to the hospital, if he grew worse, as I was leaving town. I am unacquainted with the sequel.

One of the public singers, from a variety of distressing causes, became extremely melancholy; his disease gained ground upon him so much, that he was totally incapable of taking an employment, which a kind friend had procured for him, and was therefore sent to me for advice. He had no fever, his appetite was moderate, his body regular, but his depression of spirits excessive. Considering this in the same light as the former case, I began with passing shocks through the head, about six in number, and directed him to call the next day. He said he had rested better. The shocks were repeated daily; his accounts were daily more favourable. Within a fortnight, he asked me if he should accept an offer to sing at one of the summer theatres. I told him if he thought himself capable of undertaking it he should, for employment would divert his mind. He accordingly attended some rehearsals. I electrified him after the first fortnight every other day: he anxiously waited from time to time, to find me at leisure for a conversation, which took place at the end of the month, when I pronounced him well enough to undertake his engagement. He then informed me, that his anxiety had arisen from a wish he had to impress me with the change which the first operation of electricity made in his mind. For some few days, previous to his consulting me, he declared he had at several times determined to put a period to his life; for this purpose he had pensively walked along the banks of the serpentine river in Hyde Park, when a thought of religion impressed him with the horror of the design. At another time he had the razor in his hand, when the footsteps of a friend stopped his purpose. He had resolved however to effect it, and was in the most distressful agitations about it, the morning he first applied to me. In the evening of that day, he declared he was sensible of the divine interposition in preventing his wicked design; that he found himself able to return thanks; and this relief of his mind was followed by a refreshing sleep, from which he awoke a new being: that he felt sensible of the powers of electricity every day after it's application, being capable of mental exertions immediately. He could not be satisfied, he said, without making this declaration to me, as no one but himself could have an adequate idea of the sudden change the first electric shocks wrought in his mind.

After this conversation I dismissed him, and he fulfilled his engagement that summer with his usual applause.

A gentleman who had been long a patient of Dr. Monro's, with a moping melancholy, and who had reached the age of 26 without any relief, was brought to me, by the consent of the doctor, for experiment.

As I had passed shocks through the brain with such advantage, I thought this a proper case to carry the experiment as far as prudence would direct. I therefore took a Leyden bottle, which contained 112 square inches of coated surface, and passed two strong shocks from it, in directions from the frontal to the occipital bone, and from one temporal bone to the other. The patient was at first surprised, not stunned with the shock, and in a few minutes desired me to repeat it if I pleased. The next day, he sat down with firmness, and as no inconvenience had occurred from the shocks, I increased the strength, and passed two shocks in the same direction as before. On the third day, he was reported to have found no sort of inconvenience or alteration from the experiments; so I ventured to pass the full force of the bottle; this likewise produced no other effect than a slight head-ach, which lasted for an hour. I chose to omit two days, and then repeated the experiment; the patient strongly expressing himself satisfied, that this was the most likely means to do him service. I was, myself, most surprised that I could practise so boldly, without any serious inconvenience to the brain; and having carried the experiments as far as I wished, I dismissed the patient, in the same unhappy state he had so long suffered.

WILLIAM PARGETER (1760–1810)

BA Oxon, MD Aberdeen, physician of Oxford and London, specialist in insanity; subsequently naval chaplain

Observations on maniacal disorders, 1792 *Reading, for the author* (pp. viii +140) pp. 49-53, 57-61, 126, 129-30

During the second half of the eighteenth century following the wider experience of the insane afforded by the increasing number of private mad-houses as well as public 'lunatic hospitals' which opened at that time, it was gradually learnt that as Battie (1758) wrote 'management did much more than medicine' in the 'cure of madness'. 'Management' meant humane treatment and reflected the spirit of philanthropy and awakened social conscience of the period which sponsored not only more and better hospitals, but was concerned also with the welfare of the poor, prison reforms, abolition of the slave trade etc.

Whereas authors who owned private madhouses like Perfect were largely concerned to demonstrate their cures, Pargeter who had no such vested interest and in fact inveighed heavily against the misconduct of madhouse keepers, was the first to give an account of how much could be achieved by 'management' and the physician's influence. He did not think that classification, that is diagnosis, mattered much in this approach. 'It is thought necessary, by *some* writers', he wrote in his preface probably with Cullen and Arnold in mind, 'that the strictest attention be paid to systematic order and method . . . but on a subject so . . . intricate as the present, it is impossible to adhere to rules, even if I were inclined to subscribe to the above opinions'. For this reason he omitted describing 'all the *genera* of the disease, according to the . . . classification of nosologists, because there are several I never met with in practice'. Instead he wrote a short and unambitious practical book which, viewed historically, gives it its value. He showed how the physician's manner could not only soothe and check developing excitement and render the furious madman tranquil, but even halt incipient madness. His aim was to make immediate contact with patients and this he achieved without words simply by catching their eye. Having established rapport or as he put it gained the patient's 'good opinion; a circumstance I always value as a very great point', such further measures as were necessary could be undertaken without resistance.

Catching the patient's eye and influencing him by countenance was a method also used by Francis Willis senior for subduing refractory patients. Although he never wrote about it himself, an anonymous visitor to his establishment in Lincolnshire in late 1795 or early 1796 described it as follows: 'His usually friendly and smiling expression changed its character when he first met a patient. He suddenly became a different figure commanding the respect even of maniacs. His piercing eye seemed to read their hearts and divine their thoughts

as they formed. In this way he gained control over them which he used as a means of cure' (translated from *Détails sur l'établissment du docteur Willis, pour la guérison des Aliénés*. In: *Bibliothèque Britannique, Littérature*, 1796. Geneva).

In line with Pargeter's human approach to patients was his humane attitude to their treatment. He denounced the harsh measures to which they were still subjected in private madhouses, especially the use of 'chains and cords' and 'stripes and blows', and the practice of giving them 'large doses of stupifying liquor' to 'drown their faculties'.

OBSERVATIONS

ON

MANIACAL DISORDERS.

By WILLIAM PARGETER, M.D.

Orandum eſt, ut ſit mens ſana in corpore ſano.

Juv.

READING:

PRINTED FOR THE AUTHOR, AND SOLD BY SMART AND COWSLADE, READING; J. MURRAY, FLEET-STREET, LONDON; AND J. FLETCHER, OXFORD.

M DCC XCII.

FIG. 109 Title-page of William Pargeter's *Observations on maniacal disorders*, 1792.

MANAGEMENT OF MANIACS

The chief reliance in the cure of insanity must be rather on *management* than medicine. The *government* of maniacs is an art, not to be acquired without long experience, and frequent and attentive observation. Although it has been of late years much advanced, it is still capable of improvement. As maniacs are extremely subdolous, the physician's first visit should be by surprize. He must employ every moment of his time by mildness or menaces, as circumstances direct, to gain an ascendancy over them, and

to obtain their favour and prepossession. If this opportunity be lost, it will be difficult, if not impossible, to effect it afterwards; and more especially, if he should betray any signs of timidity. He should be well acquainted with the *pathology* of the disease – should possess great acumen – a discerning and penetrating eye – much humanity and courtesy – an even disposition, and command of temper. He may be obliged at one moment, according to the exigency of the case, to be placid and accommodating in his manners, and the next, angry and absolute. I shall subjoin three or four cases, in which *management* seemed to be attended with the most desirable effects.

Case I. When I was a pupil at St. Bartholomew's Hospital, as my attention was much employed on the subject of Insanity, I was requested by one of the sisters of the house, to visit a poor man, an acquaintance of her's, who was disordered in his mind. I went immediately to the house, and found the neighbourhood in an uproar. The maniac was locked in a room, raving and exceedingly turbulent. I took two men with me, and learning that he had no offensive weapons, I planted them at the door, with directions to be silent, and to keep out of sight, unless I should want their assistance. I then suddenly unlocked the door – rushed into the room and caught his *eye* in an instant. *The business was then done* – he became peacable in a moment – trembled with fear, and was as governable as it was possible for a furious madman to be.

Case II. A young lady, who resided at a village near the metropolis, had been for some weeks on a visit to a friend, at a distance from home. In a few days after her return, her natural spirits and vivacity gradually forsook her; she became pensive – morose – fond of being in her own room and alone – she would take no nourishment, unless to avoid importunities. After I had informed myself particularly respecting the family – occasional visitors in her late excursion, &c. I was introduced to her room, and found her in a thoughtful posture, her elbow on the table, and resting her cheek upon her hand. She did not, for some time, seem to know that any body was in the room; at length she looked up, and the moment I caught her *eye*, for, till then I had been silent, I told her I was perfectly acquainted with the cause of her complaint, and conversed with her on those topics, I thought most suitable to her case, and at last persuaded her to come down to dinner with the rest of the family, and to drink two or three glasses of wine, and to join in the conversation of the table. I recommended an immediate change of residence – gave directions respecting diet – excercise – amusements – reading – conversation – and had soon the pleasing satisfaction to be informed of the lady's perfect recovery.

Case III. I was desired to visit a young man. Before I was introduced to the patient, I made some enquiry about him; and was told, that he had

been for several days and nights on the bed with his cloaths on, nor would he be prevailed upon to take them off – that he was peevish – obstinate – refused all sustenance – was silent, and his face very red. From this representation, I was fearful that his complaint was making a rapid progress towards *Mania furibunda*. After some deliberation, I desired to see the patient alone – that no one was to come into the room till I stamped with my foot, and then two women were immediately to come up, and to place themselves one on each side the bed, and to begin to undress him without saying a word. I entered the chamber, and planted myself in a direction that I might catch his *eye*. This was not easy to be done; I, therefore, as I saw occasion, changed my position, at which he seemed greatly embarrassed, though not a word passed on either side: being at length obliged to look up, I *set* him in an instant. Finding that we perfectly understood each other, I made the signal, the women appeared, and executed their orders without the least obstruction. Thus was accomplished in a few minutes what could not be effected for several days and nights. Before I left him, he quietly drank a bason of tea, and eat some toast and butter; he was then bled, and took some cooling physic, which unlocked the secretory organs, and I had the pleasure, a few days afterwards, to congratulate him on his compleat restoration. This was a strong case, and I am convinced, that if violent means had been used, the disease would have appeared in all its fury.

Case IV. A lady became insane, in consequence of having had an unfortunate parturition. In a few days, from her derangement, I was desired to visit her, and was much pleased to be informed, that she was not apprized of my coming. Before I was introduced, I understood she had, from her first seizure, been so exceedingly turbulent, as to require coertion. After some further enquiries, I begged to see her alone: I went suddenly into the room, and had her *eye* in a moment. She persisted in the same romantic way of talking, as before I saw her; but we did not lose sight of each other the whole time, neither had I as yet uttered a syllable: a signal which was previously agreed on, being given, the attendants entered, observing a profound silence, according to my orders, and began to release her, which they soon effected without the least resistance, and immediately withdrew. Being convinced that she was afraid of me, I offered her my hand, which she accepted, and after an hearty shake, as a token of amity and peace, I drew a chair, and in some measure relaxing the severity of my aspect and demeanour, I endeavoured to draw her into a more rational conversation; but I could not accomplish this by any artifice whatever. However, I could plainly perceive that I possessed, in a considerable degree, her good opinion; a circumstance I always value as a very great point, and therefore determined to seize every possible advantage by it. I accordingly prescribed some aperient physic, which her habit of body rendered her much in need of, and gave it her myself, and she took

it very peacably. I left her in this state for the present, nor could I for several days gain any advancement in the cure, till the process of lactation (the suppression of which caused her indisposition) commenced, and then she recovered as rapidly as that process was completed.

I have to observe in this case, that by management, *Mania furibunda* was evidently and happily reduced to *Mania tranquilla*. Before I saw her, she had not only beat, and otherwise ill-treated the servants, but rejected, with fury and disdain, both medicine and food; by which refractory conduct, her friends were obliged to impose on her the abovementioned restraint: but after my first introduction, she took whatever was offered her, without betraying the least opposition. And I am thoroughly convinced, that *management* principally contributed in restoring a very valuable woman to the enjoyment of her family and friends.

Notwithstanding the recent regulations, there are many private madhouses in the neighbourhood of the metropolis, which demand a very serious enquiry. The masters of these receptacles of misery, on the days that they expect their visitors, get their sane patients out of the way; or, if that cannot be done, give them large doses of stupifying liquor, or narcotic draughts, that drown their faculties, and render them incapable of giving a coherent answer. A very strict eye should be kept on these *gaolers of the mind*; for if they do not find a patient mad, their oppressive tyranny soon makes him so . . . I must add, that beating was a practice formerly much in use in treating the insane; and I am sorry, and surprized to note, that some authors, of very late date, have countenanced such unnatural and brutish violence. But I will boldly and positively venture to declare, that such usage is on no occasion necessary, self-defence only excepted: for if maniacs are not to be subdued by management, or by the operation of fear, or both – beating will never effect it: but instead of that, by rendering them more irritable, the fury will be encreased, and consequently the disease less likely to be overcome: and therefore, I at once condemn this practice, as altogether erroneous, and not to be justified upon any principles or pretences whatsoever.

JOHN FERRIAR (1761–1815)

MD Edin., physician to Manchester Infirmary, Lunatic Hospital, and House of Recovery; man of letters

Medical histories and reflections, 1795 *London, Cadell & Davies* (3 vols. 1792–8) Vol. 2, pp. 83-4, 88, 91, 93, 96-7, 108-12; 1, 11-2, 47, 72-3

Ferriar was a general physician interested in many aspects of public health, responsible for instance for the first fever hospital in Manchester (which to allay public apprehensions was called 'House of Recovery') and for the erection of public baths for the poor. He was also a bibliophile and in his *Illustrations of Sterne* (1798) showed that that author had borrowed many of his ideas especially from Burton's *Anatomy of melancholy*. He combined literary pursuits with an interest in psychological phenomena in *An essay towards a theory of apparitions*, 1813 in which he showed from historical examples and his own clinical experience 'that a morbid disposition of the brain is capable of producing spectral impressions, without any external prototypes'. These could occur in the absence of generalised delirium and 'exclusive of actual insanity . . . even while he [the patient] is convinced of their fallacy'. In the many books on ghosts and spirits which had appeared since Lavater's (1572) like John Beaumont's (?–1731, FRS, surgeon of Somerset) *An historical, physiological and theological treatise of spirits*, 1705 a large share had been given to supernatural influences, and Ferriar was the first who attempted an entirely physio-pathological explanation. In a lighter vein he wrote, in verse, a description of a disease from which he himself suffered and which he named *Bibliomania* (1809) which opens:

> What wild desires, what restless torments seize
> The hapless man, who feels the book-disease.

To 'those who would gain a knowledge of the symptoms of madness from books' he recommended 'Aretæus . . . Shakespear and Richardson'. For the advance of psychiatry he urged the need of clinical observation pure and simple 'without referring to a system, or hoping for one'. To clear the way for this he reassessed contemporary antimaniacal remedies as follows: '1. *Tartar emetic* . . . little efficacy . . . 2. *Camphor* . . . totally useless . . . 3. *Opium* alone . . . no sensible benefit . . . 4. *Digitalis* . . . no advantage . . . 5. *Antiphlogistic regimen* . . . unsafe . . .' and so on. He also condemned bleeding as a routine measure, and believed that improvements following the administration of vomits could as well be explained psychologically by 'the uneasy sensations which they excite' as physically by the evacuation of noxious matter.

In conformity with these precepts Ferriar limited his medical writings 'on insanity' to recording a 'few detached facts' from his large experience at the Manchester Lunatic Hospital [see FIG. 104(b)]. From these are quoted the observation of stereotopy in the often incomprehensible writings of the insane;

that menstruation may influence recent and chronic cases of insanity differently; and 'On the management of the mind' in which he advocated a system of mildness and conciliation which became the basic attitude at the York Retreat. Ferriar was also one of the first to recommend isolation of the unmanageable insane rather than bodily restraint, and his suggestion that 'a room might be appointed . . . to convalescents' was one of the earliest references to classification of patients in asylums by severity of illness. The last observation quoted is of a patient whose recovery Ferriar could attribute to 'nothing but the train of reflections produced by the visits of the physician', in other words to the influence of sane on insane mind.

Lastly to Ferriar psychiatry owes the concept and term 'hysterical conversion' which is still in use. He introduced it at a time when pathology was based on regions and organs and lacked the etiological links provided later for instance by bacteriology, to explain how in the course of one illness apparently unconnected symptoms could arise in different parts of the body. The same phenomena had previously been ascribed to an obscure 'sympathy' or 'consent' between organs or an 'incompatibility' between certain manifestations of disease. The term 'conversion' was brought back into psychiatry by Freud in 1894 to explain how the psychic or affective energy of an unbearable idea may be detached from it and transformed into physical energy and so cause physical symptoms such as functional or hysterical paralysis 'for which I should like to propose the name of conversion' (*The defence neuro-psychoses*, 1894. In: *Collected Papers*, 1941, vol. 1), hence 'conversion hysteria'.

OBSERVATIONS ON INSANITY

There are few subjects on which information is more ardently desired, or more difficult to be communicated, than this of insanity . . . Before a comprehensive view of this subject can be obtained, it will be necessary for those who are accustomed to see insane persons, to communicate the result of their observations simply, according to the impression they receive, without referring to a system, or hoping for one. To this must be added frequent inspections of the dead, which continually present so many unexpected appearances, and render our views in prognostics at once extensive and cautious. I proceed to mention a very few detached facts, in conformity to this plan . . .

When lunatics attempt to write, there is a perpetual recurrence of one or two favourite ideas, intermixed with phrases which convey scarcely any meaning, either separately, or in connection with the other parts. It would be a hard task for a man of common understanding, to put such rhapsodies into any intelligible form, yet patients will run their ideas in the very same track for many weeks together . . .

One of the most unhappy states of melancholy, is that in which the patient suspects an intention to poison him. With this impression, he obstinately refuses every kind of nourishment, and, unless managed by skilful attendants, dies of famine . . .

Maniacal disorders are commonly exasperated in women, about the

period of menstruation; in recent cases, a mitigation of the paroxysm, or even a complete intermission may be expected to follow the period, but in chronic cases no effect is to be derived from this incident . . .

The repetition of vomits, and the use of antimonial preparations, in nauseating doses, are certainly proper in maniacal cases: the uneasy sensations which they excite, seem to recal the patient's attention to a regular train. But in melancholics, the addition of these depressing ideas would only encrease the disease, by furnishing an opportunity for some new fancies; melancholy madmen being, as I have already observed, great theorists. Though a single emetic may do considerable service, therefore, in such cases, it ought not to be repeated without a manifest indication . . . I have seen maniacs bled till they became melancholy, and melancholics, by repeated venæsection reduced to despair.

The management of the mind is an object of great consequence, in the treatment of insane persons, and has been much misunderstood. It was formerly supposed that lunatics could only be worked upon by terror; shackles and whips, therefore, became part of the medical apparatus. I have absolutely seen, among the rules of a lunatic hospital, one which declared, 'that the keeper might beat the patients, provided it were done with discretion, and by order of the physician'. I will go no farther into this shocking subject; it is now unnecessary to withdraw the veil, which covers the tortures, the murders, which at a former time were inflicted on this wretched class of patients, in places provided for their reception. A system of mildness and conciliation is now generally adopted, which, if it does not always facilitate the cure, at least tends to soften the destiny of the sufferer.

I have seen great exertions thrown away, in attempting to influence lunatics by arguments, or to surprise them into rationality by stratagem. I never knew such endeavours answer any good purpose. The stories current in books, of wonderful cures thus produced, are, like most other good stories, incapable of serving more than once. A system of discipline, mild, but exact, which makes the patient sensible of restraint, without exciting pain or terror, is best suited to those complaints. In the furious state, the arms, and sometimes the legs must be confined, but this should never be done when it can possibly be avoided. When the patient is mischievous and unruly, instead of ordering stripes, I shut him up in his cell, order the window to be darkened, and allow him no food but water-gruel and dry bread, till he shews tokens of repentance, which are never long delayed, upon this plan. Previous to this kind of punishment, I find it useful to remonstrate, for lunatics have frequently a high sense of honour, and are sooner brought to reflection by the appearance of indignity, than by actual violence, against which they usually harden themselves . . .

It has long been my wish, that a room might be appropriated in our hospital, to convalescents, and that the privilege of admission to it might be made the reward of regular behaviour among the patients. Such a distinction would act powerfully in creating a habit of self-restraint, the first salutary operation in the mind of a lunatic. For in the cure of diseases of this nature, the patient must 'minister to himself'; medicine may restore him more early and more completely to the command of his intellectual operations; discipline must direct him in their exertion. I have known recovery take place, rather unexpectedly, where I could attribute it to nothing but the train of reflections, produced by the visits of the physician. The case to which I allude, was a mixture of melancholy and mania, but melancholy predominated greatly, and the frequent appearance of the practitioner excited much enquiry and speculation in the patient, which had a happier tendency than usual.

CONVERSION OF DISEASES

A disease is said to be converted, when new symptoms arise in its progress, which require a different designation, and which either put a period to the original disorder, or combining with it, alter the physician's views respecting the prognostics, or the method of cure . . . Cases of hysterical conversions, which belong to this head, are very common sources of error to young practitioners, and sometimes deceive even the most experienced. Whoever would present us with a good book on the *fallacy of symptoms*, which is greatly wanted, must be completely master of this unaccountable disease. We are ignorant by what laws the body possesses a power of representing the most hazardous disorders, without incurring danger; of counterfeiting the greatest derangement in the circulating system, without materially altering its movements; of producing madness, conscious of its extravagancies, and of increasing the acuteness of sensation, by oppressing the common sensorium. In hysterical affections, all these appearances are excited, which are incompatible with the reasonings of every system-maker, who has yet endeavoured to explain the inexplicable . . . Instances of the production of melancholy and madness, by the suppression of eruptions, or the healing of old ulcers, and habitual drains, are common in practical writers. The diseases originating from the suppression of the menstrual and haemorrhoidal discharges, are also well explained in different books . . . It is so far certain, that medicines operate by producing conversions, that we perceive very considerable diseases resulting from the use of certain remedies, such as mercury; and we judge of the extinction of the original complaint, in some measure, by the encrease and permanency of the remedial disease . . . In like manner, Dr. Darwin has observed, in his Zoonomia, that some derangements of mind cannot be removed, without exciting an artificial delirium, by means of opiates.

ERASMUS DARWIN (1731–1802)

MB Cantab., physician of Lichfield and later of Derby, naturalist and poet; grandfather of Charles Darwin

Zoonomia; or, the laws of organic life, 1796 *London, Johnson* (2 vols. 1794–6) Vol. 2, pp. 350-3, 356-8, 367-8, 376

This book contains many astute psychiatric and neurological observations buried in an intricate classification by which Darwin tried to 'reduce the facts belonging to Animal Life into classes, orders, genera, and species; and, by comparing them with each other, to unravel the theory of diseases'. He distinguished 'delirium' from 'madness' by disorientation and altered consciousness – the criteria by which organic confusional states are still distinguished. 'In the latter' he wrote 'the patient knows not the place where he resides, nor the persons of his friends and attendants, nor is conscious of any external objects except when . . . stimulated with unusual force, and even then he soon relapses into a state of inattention'. He divided mental illness 'into general . . . and . . . partial insanities' and believed that in 'every species of madness there is a peculiar idea either of desire or aversion, which is perpetually excited in the mind with all its connections'. However, as it 'is generally a delirious idea' (that is a delusion) it 'cannot be conquered by reason' more particularly when it arises from bodily sensations which are 'a stronger stimulus than volition'. The first extract gives 'the indications of cure' and contains incidentally the first consideration of 'the circumstances which render confinement necessary', a problem discussed in the nineteenth century as 'who should be certified' [see Parkinson 1811]. Despite Darwin's enlightened attitude to madness which he did not consider by itself sufficient reason for detaining a patient in a madhouse, many of his treatments were traditional like bleeding and purging; and in fact in this passage occurs the first mention of treatment by the circulating swing [see Smyth 1790; Cox 1806].

Nevertheless Darwin was one of the first medical men who tried to take a serious interest in his patients' minds and discover how they came to feel, think and act as they did by 'endeavouring to investigate the manical idea or hallucination' under which he included delusions as the cases quoted show. Investigations on these lines he believed would furnish not only a body of psychological understanding invaluable in the given case but would also 'lead to the most effectual plan of cure'. Such were the early medical, as distinct from metaphysical or philosophical, beginnings of what are today psychopathology and psychotherapy.

In every species of madness there is a peculiar idea either of desire or aversion, which is perpetually excited in the mind with all its connections. In some constitutions this is connected with pleasurable ideas without the exertion of much muscular action, in others it produces violent muscular action to gain or avoid the object of it, in others it is attended with despair and inaction. Mania is the general word for the two former of these, and melancholia for the latter; but the species of them are as numerous as the desires and aversions of mankind . . . This idea, however, which induces madness or melancholy, is generally untrue; that is, the object is a mistaken fact. As when a patient is persuaded he has the itch, or venereal disease, of which he has no symptom, and becomes mad from the pain this idea occasions. So that the object of madness is generally a delirious idea, and thence cannot be conquered by reason; because it continues to be excited by painful sensation, which is a stronger stimulus than volition . . . From these considerations it appears, that the indications of cure must consist in removing the cause of the pain, whether it arises from a delirious idea, or from a real fact, or from bodily disease; or secondly, if this cannot be done, by relieving the pain in consequence of such idea or disease. The first is sometimes effected by presenting frequently in a day contrary ideas to shew the fallacy, or the too great estimation, of the painful ideas. 2dly. By change of place, and thus presenting the stimulus of new objects, as a long journey. 3dly. By producing forgetfulness of the idea or object, which causes their pain; by removing all things which recal it to their minds; and avoiding all conversation on similar subjects. For I suppose no disease of the mind is so perfectly cured by other means as by forgetfulness.

Secondly, the pain in consequence of the ideas or bodily diseases above described is to be removed, first, by evacuations, as venesection, emetics, and cathartics; and then by large doses of opium, or by the vertigo occasioned by a circulating swing, or by a sea-voyage, which, as they affect the organs of sense as well as evacuate the stomach, may contribute to answer both indications of cure.

Where maniacs are outrageous, there can be no doubt but coercion is necessary; which may be done by means of a straight waistcoat; which disarms them without hurting them; and by tying a handkerchief round their ankles to prevent their escape. In others there can be no doubt, but that confinement retards rather than promotes their cure; which is forwarded by change of ideas in consequence of change of place and of objects, as by travelling or sailing. The circumstances which render confinement necessary, are first, if the lunatic is liable to injure others, which must be judged of by the outrage he has already committed. 2dly. If he is likely to injure himself; this also must be judged of by the despondency of his mind, if such exists. 3dly. If he cannot take care of his affairs.

Where none of these circumstances exist, there should be no confinement. For though the mistaken idea continues to exist, yet if no actions are produced in consequence of it, the patient cannot be called insane, he can only be termed delirious. If every one, who possesses mistaken ideas, or who puts false estimates on things, was liable to confinement, I know not who of my readers might not tremble at the sight of a madhouse!

Mania mutabilis. Mutable madness. Where the patients are liable to mistake ideas of sensation for those from irritation, that is, imaginations for realities, if cured of one source of insanity, they are liable in a few months to find another source in some new mistaken or imaginary idea, and to act from this new idea. The idea belongs to delirium, when it is an imaginary or mistaken one; but it is the voluntary actions exerted in consequence of this mistaken idea, which constitute insanity. In this disease the patient is liable carefully to conceal the object of his desire or aversion. But a constant inordinate suspicion of all people, and a carelessness of cleanliness, and of decency, are generally concomitants of madness. Their designs cannot be counteracted, till you can investigate the delirious idea or object of their insanity; but as they are generally timid, they are therefore less to be dreaded.

Z.Z. called a young girl, one of his maid-servants, into the parlour, and, with cocked pistols in his hands, ordered her to strip herself naked; he then inspected her with some attention, and dismissed her untouched. Then he stripped two of his male servants in the same manner, to the great terror of the neighbourhood. After he was secured, with much difficulty he was persuaded to tell me, that he had got the itch, and had examined some of his servants to find out from whom he had received it; though at the same time there was not a spot to be seen on his hands, or other parts. The outrages in consequence of this false idea were in some measure to be ascribed to the pride occasioned by unrestrained education, affluent wealth, and dignified family.

Madness is sometimes produced by bodily pain, particularly I believe of a diseased liver, like convulsion and epilepsy; at other times it is caused by very painful ideas occasioned by external circumstances, as of grief or disappointment; but the most frequent cause of insanity arises from the pain of some imaginary or mistaken idea; which may be termed *hallucinatio maniacalis.* This hallucination of one of the senses is often produced in an instant, and generally becomes gradually weakened in process of time, by the perpetual stimulus of external objects, or by the successions of other catenations of ideas, or by the operations of medicines; and when the maniacal hallucination ceases, or is forgotten, the violent exertions cease, which were in consequence of it, and the disease is cured.

Mr.—, a clergyman, about forty years of age, who was rather a weak man, happened to be drinking wine in jocular company, and by accident swallowed a part of the seal of a letter, which he had just then received;

one of his companions seeing him alarmed, cried out in humour, 'It will seal your bowels up'. He became melancholy from that instant, and in a day or two refused to swallow any kind of nourishment. On being pressed to give a reason for this refusal, he answered, he knew nothing would pass through him. A cathartic was given, which produced a great many evacuations, but he still persisted, that nothing passed through him; and though he was frightened into taking a little broth once or twice by threats, yet he soon ceased intirely to swallow any thing, and died in consequence of this insane idea.

Miss —, a sensible and ingenious lady, about thirty, said she had seen an angel; who told her, that she need not eat, though all others were under the necessity of supporting their earthly existence by food. After fruitless persuasions to take food, she starved herself to death. – It was proposed to send an angel of an higher order to tell her, that now she must begin to eat and drink again; but it was not put into execution.

Mrs. —, a lady between forty and fifty years of age, imagined that she heard a voice say to her one day, as she was at her toilet, 'Repent, or you will be damned'. From that moment she became melancholy, and this hallucination affected her in greater or less degree for about two years; she then recovered perfectly, and is now a cheerful old woman.

Mrs. —, a farmer's wife, going up stairs to dress, found the curtains of her bed drawn, and on undrawing them, she believed that she saw the corpse of her sister, who was then ill at the distance of twenty miles, and became from that time insane; and as her sister died about the time, she could not be produced to counteract the insane hallucination, but she perfectly recovered in a few months . . .

These cases are related to shew the utility of endeavouring to investigate the maniacal idea, or hallucination; as it may not only acquaint us with the probable designs of the patient, from whence may be deduced the necessity of confinement; but also may some time lead to the most effectual plan of cure.

Spes religiosa. Superstitious hope. This maniacal hallucination in its milder state produces, like sentimental love, an agreeable reverie; but when joined with works of supererogation, it has occasioned many enormities. In India devotees consign themselves by vows to most painful and unceasing tortures . . . While in our part of the globe fasting and mortification, as flagellation, has been believed to please a merciful deity! The serenity, with which many have suffered cruel martyrdoms, is to be ascribed to this powerful reverie.

Mr. —, a clergyman, formerly of this neighbourhood, began to bruise and wound himself for the sake of religious mortification, and passed much time in prayer, and continued whole nights alone in the church. As he had a wife and family of small children, I believed the case to be incurable; as otherwise the affection and employment in his family connections would

have opposed the beginning of this insanity. He was taken to a madhouse without effect, and after he returned home, continued to beat and bruise himself, and by this kind of mortification, and by sometimes long fasting, he at length became emaciated and died. I once told him in conversation, that 'God was a merciful being, and could not delight in cruelty, but that I supposed he worshipped the devil'. He was struck with this idea, and promised me not to beat himself for three days, and I believe kept his word for one day. If this idea had been frequently forced on his mind, it might probably have been of service. When these works of supererogation have been of a public nature, what cruelties, murders, massacres, has not this insanity introduced into the world.

Paupertatis timor. The fear of poverty is one kind of avarice; it is liable to affect people who have left off a profitable and active business; as they are thus deprived of their usual exertions, and are liable to observe the daily expenditure of money, without calculating the source from whence it flows. It is also liable to occur with a sudden and unexpected increase of fortune. Mr. —, a surgeon, about fifty years of age, who was always rather of a parsimonious disposition, had a large house, with a fortune of forty thousand pounds, left him by a distant relation; and in a few weeks became insane from the fear of poverty, lamenting that he should die in a jail or workhouse. He had left off a laborious country business, and the daily perception of profit in his books; he also now saw greater expences going forwards in his new house, than he had been accustomed to observe, and did not so distinctly see the source of supply; which seems to have occasioned the maniacal hallucination. – This idea of approaching poverty is a very frequent and very painful disease, so as to have induced many to become suicides, who were in good circumstances; more perhaps than any other maniacal hallucination, except the fear of hell.

SAYER WALKER (1748–1826)

MD Aberdeen, LRCP; originally minister of religion; physician to the City of London Lying-in Hospital and the City Dispensary

A treatise on nervous diseases . . . and . . . of the symptoms and causes of these diseases as may lead to a rational and successful method of cure, 1796 *London, Phillips* pp. 212-8, 220

Although it was generally accepted that 'the passions' played an important part in causing disease, this did not imply that much interest was taken in the actual psychological situation of patients. Walker showed that this could be investigated with advantage not only to the patient but also to the physician in helping him to find out whether the patient's symptoms were due to bodily disease or were of psychological origin, and suggested that this was best achieved by taking a detailed history of the circumstances in which symptoms first appeared, still a recommendable procedure. 'By attending to this circumstance, we shall be able to determine whether the state of the body is to be attributed to that of the mind, or the latter to the former' and treat accordingly. This led Walker to discuss the psychological aspects of handling hypochondriacal patients with which the extract ends.

PSYCHOLOGICAL INVESTIGATION

Together with this attention to the state of the corporeal functions, it will be necessary to pay some regard to the state of the mind, which, we have seen, is often very nearly concerned with these diseases. It is of some consequence to observe at what time the patient first discovered symptoms of lowness and dejection; whether these appeared after other nervous symptoms, or preceded them. By attending to this circumstance, we shall be able to determine whether the state of the body is to be attributed to that of the mind, or the latter to the former. It is well known that any unpleasant affection of the mind, long continued, will have a very considerable influence on the state of the animal frame, and more particularly on the nervous system. On the other hand, it is equally true that different diseased states of the animal function will be productive of some affections of the mind. If, therefore, we can discover to which of these sources different symptoms are to be traced, we shall have a more clear indication of cure. If we can trace different symptoms of hypochondriasm to dyspepsia, or some morbid affections of the alimentary canal, or to the state of the hepatic system, the mode of treating these symptoms, before

prescribed, may be adopted. But if we discover that the mind has been originally affected by some external cause; if any unpleasant circumstances have occurred to occasion anxiety or distress, and these have been succeeded by settled dejection of mind, though accompanied with the usual attendants of nervous affections that originate in the corporeal functions, we must still direct our attention to the mind as well as to the body. Under these circumstances we may with propriety recommend that patience and resignation which often form an excellent remedy both for body and mind. In perfect consistency with this advice, however, we may attempt to divert the mind from those subjects which have proved the original source of its uneasiness. In order to this we must endeavour, as much as possible, to prevent the recurrence of those circumstances, which, by their association with the original cause of the uneasiness, may serve to revive the recollection of it. The mind is so constituted as to receive many of its pains, and many of its pleasures, through the medium of association. There is a mental as well as a corporeal sympathy. To the fond mother, who has lately been bereaved of her darling child, the sight of other children, especially of those who have been the companions of the deceased, revives the unpleasant remembrance of her loss. And to every one, the sight or recollection of a place, which has been the scene of some unfortunate transaction, tends to revive the unpleasant sensations which it excited, and obliges us, in a degree at least, to suffer again the pain which we at first felt.

If the patient discovers particular solicitude about the state of his own health; if he imagines himself in considerable danger from some symptoms, which, however troublesome, his physician knows not to be attended with any hazard of life; it will be very proper to correct his imagination by reason and argument. It is necessary, however, to remark, that in this state of spirits, all attempts to correct his imagination, by banter and ridicule, will prove useless. It is in vain to tell him that he is free from disease, or that nothing more is wanting to the enjoyment of perfect health than to believe, what every body else knows, that he is very well. Such attempts will either produce a mistrust of your judgment in his case, or else, which is of worse consequence, will lead him to conclude, that his sensations are such as no other person has ever experienced, and that, therefore, no remedy for them has yet been discovered. On the other hand, whilst you assure him that his life is not in danger, that the disease is rather troublesome than threatening; whilst you can refer him to many other instances of a similar kind, from which a complete recovery has been obtained; you hold out to him some ground of hope, and may induce him to believe, that as others have emerged from circumstances equally distressing, he may add to the number of those who have triumphed over a disease, which he has been ready to consider as invincible . . . In these mental affections, mental stimuli are the specific.

ROBERT BREE (1759–1839)

MD Oxon, FRCP, FRS, physician in turn to Northampton General Infirmary, Leicester Infirmary and Birmingham General Hospital; subsequently of London

A practical inquiry on disordered respiration; distinguishing convulsive asthma, its specific causes, and proper indications of cure, 1797 *Birmingham, for the author* pp. 342-6

A fifth edition London 1815

It is a curious feature in the history of psychiatry how many writers on special topics such as melancholy and the nightmare were themselves sufferers. This is also true of asthma, another condition known since the days of Hippocrates to be susceptible to mental influences. Sir John Floyer (1649–1734), MD Oxon, of Lichfield, who wrote the first *Treatise of the asthma*, 1698 had 'been long subject [to it] . . . [which] has given me many opportunities of considering the History of that Disease more nicely than it was possible for Physicians, who have always an imperfect account of Chronical Cases from their Patients'. His own experience and observation of patients taught him 'the Effect of Passions in producing the Fit'. Bree likewise writing from 'personal acquaintance with the disease, in many years of hard submission to its impressions' took the investigation of the part played by psychological factors a step further. He showed that attacks could be precipitated by a current situation which by association of ideas and feelings revived not only the memory but also the emotional response which accompanied the first attack, even if the patient was unaware of this connection. 'Asthmatic paroxysms, from such a train of impressions, have taken place in many subjects', although on a superficial view they seem to have arisen 'without any adequate or apparent irritation'. Bree suggested the same might apply to some cases of 'hysteric fits' and 'Hemicrania' (migraine) and that the association of ideas between the first and subsequent attacks should be investigated in any 'disease observing periods', a sound piece of clinical advice for physician and psychiatrist alike.

EMOTIONAL PRECIPITANTS OF MIGRAINE AND ASTHMA

The influence of ideas of relation, which circumstances have connected with a particular impression, is too well ascertained to be doubted. The sensation of terror has induced syncope, or epilepsy, or hysteria. The object which had excited that sensation may not only renew the affection which it induced, whenever its appearance is renewed, but the connected

circumstances may induce their correspondent ideas, and the impressions thus linked in the mind by association, will become a train of sensations, the individual parts of which successively introduce each other. When this association is established, the same animal motions may be repeated from apparent dissimilar causes, but these are remote causes of the immediate sensation inducing the disease.

A lady had been thrown into a proxysm of terror by a footpad, and for the first time sustained a series of hysteric fits. Her constitution became feeble and acutely sensible. The hysteric affection recurred on smaller occasions of alarm for many years afterwards, but more particularly was excited by the renewal of slight circumstances which referred to the attack, though entirely distinct from the outrage. After the interval of three years, during which she had diversified her impressions in a distant neighbourhood, she passed in a carriage along the road, and by the spot where the assault was made, and affected by the chain of ideas and her attention to them, she relapsed into strong convulsions.

A worthy woman had been long subject to dyspeptic complaints and irregular secretions of bile. She married at 25 years of age, and after having been much at her ease, found it at length necessary to employ herself in business, and attend with great care to an encreasing family. These attentions happened to create considerable trouble and fatigue on Sundays. On this day she gradually became more and more indisposed with Hemicrania, but on the other six days had her usual health. After the interval of ten years, the head ache was aggravated, and began to affect her earlier by a few hours, but did not cease sooner than was usual. In this form the intermittent disease continued for several years, evidently excited by the additional anxiety and fatigue of one day in the week.

Her situation was again altered, the day of fatigue became a day of rest, and improvement of circumstances diminished general anxiety. It might be supposed, that the Hemicrania would be lost with the impressions which brought it on, but I am informed that it still regularly recurs at its former periods, being linked with ideas of relation that still arise from external circumstances. It is probable, that a complete change of residence, and losing the impressions of Sunday, or placing them in another day, might vanquish the force of habit, which is only now supported by perceptions connected with original sensations.

The case of Hysteric Asthma in Floyer, was probably introduced by sympathy of the respiratory muscles, with that disorder of the stomach which so frequently takes place from strong affections of the mind. Affliction, at the critical age of fourteen, threw the lady into hysteria. Dyspepsia accompanied her agitation of mind, and the acrimony of the first passages which naturally follows the disturbance of digestion, would stimulate the coats of the stomach; that viscus would be distended with flatus and impede the descent of the diaphragm. The branches of the eighth pair of nerves would communicate sensations of inconvenience to

the pulmonary system, and the muscles subservient to its function were drawn into association, and a paroxysm of Asthma was formed.

It is not difficult to conceive, that these contractions of the respiratory muscles may be subject to recur, when the habit of their associations had been once established. Slight causes of organic irritation might draw on the convulsive efforts, fruitless, but in consistency with the laws of animal life. The same trains of ideas, which in the first attack of hysteria, had met with a particular condition of the uterus at the age of 14, and combined at that period to bring on the convulsive affection of the stomach, œsophagus, and respiratory muscles, would occasionally revive on future accidents, and be followed by the catenated motions to which habit and repetition would contribute facility.

Thus are many causes apparently lost, though their effects are continued in the diseases which they produced. Habit, or the frequent repetition of morbid motions rendering the body liable to a more ready recurrence of those motions, according as the ideas annexed to them, by surrounding circumstances, lead to the sensation which is the primary cause. The revolutions of seasons, the diurnal changes of day and night, the hours of rest and activity, the hours of meals, the objects of pleasure or pain, the connections of friendship, or business, become united with the motions of the mind, and body, and thus associated, morbid actions are revived, according to their situation in the general chain of links.

All this is well known, but like many other parts of knowledge, the result of common observation, the impression has been superficial, and too much neglected in practice.

DAVID HUME (1757–1838)

Judge; professor of the law of Scotland, Edinburgh University

Commentaries on the law of Scotland, respecting the description and punishment of crimes, 1797 *Edinburgh, Bell* et al. 2 vols Vol. 1, pp. 30-2

Crimes committed during episodes of mental aberration occurring suddenly with few or no premonitory symptoms and ending equally abruptly raise particular problems both psychiatric and legal. They are difficult to classify: some fall into the group of acute schizophrenic or catatonic episodes, others in whom there is a history of fits or states of altered consciousness into the group of epileptic furors, automatisms or confusional states. The crime is often perverse and apparently motiveless, but it may nevertheless be difficult to prove irresponsibility in law owing to the accused's normal behaviour immediately before and after. Three murders are recounted here, the first of which may well have been committed during an epileptic excitement, the other two infanticides. The special mitigating circumstances surrounding this deed were early recognised in the practice of law though not by statute as these cases from the seventeenth and eighteenth centuries show. It was not until 1938 that special legislation was passed when by the Infanticide Act the charge against a mother killing her infant within twelve months of its birth could be reduced from murder to manslaughter.

SUDDEN PHRENSY AND INFANTICIDE

What is still more strange than any malady of this kind, there have even been instances of sudden, and in a great measure unaccountable phrensy, and which, though excessive for the time, quickly subsided, and never again returned. And in these too, the plea of insanity has been sustained. A history of this sort is related by Sir M. Hale; that of a woman who was tried at Aylesbury in 1668, for the murder of her own child. She was a married woman, and of undoubted good fame and virtuous deportment. But not having slept for some nights after her delivery, and by this and other disorder of her person, having fallen into a sort of delirium, and being left alone, she killed her infant; which, presently after, she showed to some persons who came in, and told them she had done it. She was instantly carried to gaol, where, in a little, she fell into a deep sleep, and on awaking, was found to have recovered her senses, and marvelled much, how, or on what account she had come there. The jury very justly found her not guilty of the murder.

Very like this, though the verdict was different, was our case of Agnes Crockat, of the 23rd July 1756. This woman also had killed her own child. She was an unmarried woman, but had called help to her delivery, and had openly kept and suckled the child for the space of six or seven days. It was sworn to, that at times, upon the day of the fact, she had been strange in her speech and behaviour, but to which the witnesses had not paid much regard; and being left alone with her child, she laid hand upon and strangled it. She kept it, however, lying openly by her in the bed, till the people of the house returned, and then she showed it them, and told them what she had done, and said, 'that the devil had tempted her'. The case was thus far weaker than the former, that there was no clear proof of bodily complaint, or of a marked transition from a state of disorder to soundness. The jury therefore found her guilty. But the royal mercy interposed to prevent her execution.

A third case of the like character, was tried at Jodburgh, in April 1785, and issued in a verdict of acquittal. The pannel was a man named Robert Coalston, a husbandman or farm-servant. Some years before the fact, he had been struck with lightening, and from that time had occasionally been subject to melancholy and depression of spirits, but not in any remarkable degree, nor such as hindered him to do his business as a servant, and without any sort of tendency to violence or mischief. But of a sudden, and without any new or visible cause, the man became restless and impatient, and having left his master's house, in the middle of the night, set a roaming through the country, without plan or object, and behaving absurdly, as he went along, but still without offering violence to any whom he met. In the evening of the next day, he returned to his master's house; and by this time, having waxed outrageous, he abused his fellow-servants; assaulted and struck his mistress; and having suddenly snatched an infant out of her arms, which she had upon the breast, he ran off with it, out of the house. A few minutes after, the child and he were found together in an outhouse, the child dead, and dashed to pieces, and the man sitting quietly by it, as quite unconscious of what had passed. He made no attempt to fly or resist, and was carried to gaol, where he soon settled into a state of languor and stupefaction; out of which when he recovered, in the course of a few days, he seemed to have no remembrance of these incidents, and suffered great agitation, on being told what he had done. (These circumstances do not appear on the record; but are known to me, as counsel for the pannel.) The jury found the slaughter proved, but the insanity also proved; and he was ordered into confinement. In short, how unaccountable soever to us, these visitations of sudden and temporary madness, yet still they are within the compass of this miserable privilege, if the utter alienation of reason for the time be proved.

SIR ALEXANDER CRICHTON (1763–1856)

MD Leyden, LRCP, FRS, physician and lecturer on the theory and practice of physic and of chemistry, Westminster Hospital, London; physician to Tzar Alexander I of Russia and head of the Russian civil medical department

An inquiry into the nature and origin of mental derangement. Comprehending a concise system of the physiology and pathology of the human mind, 1798 *London, Cadell & Davies* 2 vols (Vol. 1, pp. [iii]+xxix+407; vol. 2, pp. [ii]+455+[xii]) Vol. 1, pp. viii-xi, xiii, 371-3; vol. 2, pp. 95, 97-9, 202-4

This important work broke new ground in psychiatry in a number of ways, not to mention that after an interval of 212 years it was the first psychiatric treatise by a physician to a London teaching hospital since Bright's (1586) *Treatise of melancholy*. Crichton followed Gregory's (1765) suggestion and combined the latest philosophical ideas, that is psychological knowledge, with accumulated medical experience of mental disease, that is psychiatry, into a 'physiology and pathology of the human mind'. He acknowledged 'much assistance' from 'our British Psychologists, such as Locke, Hartley, Reid, Priestley, Stewart, and Kames', and indeed based his whole approach on 'the method . . . of Analysis' of the 'human mind' proposed by Reid (1764). He realised that in order to achieve success by this method, the investigator had first to become familiar with the workings of his own mind – his instrument of investigation: only by 'abstracting his own mind from himself' could he achieve 'the freedom and impartiality' of observation of the 'natural philosopher' or scientist in other fields – the first demand that the psychological physician must learn to understand himself before he can hope to understand his patients and the same reasoning which led Freud more than a century later to insist on training analyses.

Crichton had little use for the 'very unscientific' classificatory jugglings of Arnold (1782/6) and the other eighteenth century nosologists, and instead made 'the cause of insanity, and the various diseased affections of the human mind' the main objects of his enquiry. Having himself only limited psychiatric experience he turned for illustrative clinical material largely to the continental literature, especially German, and included numerous translations of case histories from the world's first psychiatric journal, Carl Philipp Moritz's *Magazin zur Erfahrungsseelenkunde* which started publication in Berlin in 1783. Crichton also appended to his book a translation of Johann Ernst Greding's (1718–1775) *Medical aphorisms on melancholy* which contained the first extensive series of observations on the appearances of the brain in nearly 220 cases of insanity.

AN INQUIRY

INTO THE

NATURE AND ORIGIN

OF

MENTAL DERANGEMENT.

COMPREHENDING

A CONCISE SYSTEM

OF THE

PHYSIOLOGY AND PATHOLOGY

OF THE

HUMAN MIND.

AND A

HISTORY OF THE PASSIONS AND THEIR EFFECTS.

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VOLUME I.

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1798.

FIG. 110 Title-page of vol. I of Sir Alexander Crichton's *Inquiry into the nature and origin of mental derangement*, 1798.

Crichton was also the first who discussed forensic aspects in an English psychiatric text. He observed that murder was not uncommonly committed from 'despair' and hid the wish for suicide; and sometimes even 'from tenderness towards the victim; the idea' being to save 'the beloved object from the same causes of painful distress and affliction which prey on the spirits of the insane person'. Many murders so motivated are on record, for instance Hadfield's attempt on George III in 1800 [*q.v.*]. Crichton drew the conclusion so important both to psychodynamic psychiatry and the law that not even a 'madman ever commits a voluntary act without a motive', in other words that the actions and mental processes of the insane were not haphazard and random but determined and potentially understandable. He returned to this subject nearly forty-five years later in a discussion 'On some important questions relating to insanity both in a medical and legal point of view' (*Commentaries on some doctrines . . . in medicine*, 1842) where incidentally he recorded having 'had the honour' of 'knowing Pinel personally' (perhaps the only British psychiatrist who could make this claim) and agreeing with him in his condemnation 'of blood-letting in mania'.

Besides his originality of approach and the introduction of contemporary foreign writers to English readers, Crichton also made significant clinical observations. As 'singular defect of memory' he drew attention to what is today called dys- or aphasia which surprisingly had not attracted curiosity as a symptom in its own right and consequently had not been distinguished from the mutism or incoherencies of speech of the insane, so that many a dysphasic

patient had passed for 'mad'. Where loss of speech had been noticed it was either in conjunction with the 'dead palsy', that is hemiplegia and attributed to paralysis of the tongue muscles, or alternately as evidence of total loss of wits or faculties. Thomas Willis (1672) for instance recorded a patient who being 'Paralytick, in all his right side' also 'became very forgetful' and 'when he began to talk of any thing, he wanted words to express his mind'. Milder disturbances which sometimes follow 'an Apoplexy . . . when the Mind directs and intends one Word, the Patient by an involuntary Error, shall chuse another' were attributed as by Blackmore (1725) to a peripheral nerve lesion 'the Nerves in the Tongue being defaced and closed up'.

Crichton however recognised that aphasia was neither a paralytic phenomenon nor necessarily part of a global dementia, but the result of 'a disturbance of memory', that is of a specific higher cerebral function. Twenty years later John Cooke in *History and method of cure . . . of palsy*, 1821 reported a patient of John Abercrombie (1830) who after a hemiplegia recovered the use of his limbs and resumed his employment as tax collector, but who never regained his speech although he retained his knowledge of written language. Well may Abercrombie have asked 'What is it, then, that he has lost?' – a question which cannot to this day be satisfactorily answered despite the fact that phrenological investigations led to the discovery of 'the organ of language' [see George Combe, 1836] and in 1861 of the speech centre by Broca whose patient with '*aphémie*' – renamed 'aphasia' in 1864 by Trousseau – had a lesion in the posterior part of the third left frontal convolution.

THE NEED FOR SELF-ANALYSIS

The method which I have adopted, throughout the whole of this work, is that of Analysis. This is the genuine touchstone of truth, not only in matters of external sense, but also in objects of abstract reason; for, as in conducting this mode of inquiry, every constituent or elementary part must be separately examined, it is the surest way of detecting error; and as all complex ideas become clear, in proportion as the individual parts of which they are composed are distinctly represented in the mind, so it is the best mode of establishing well founded results.

In order to conduct analysis with success, much depends on the previous knowledge of the person who conducts it. It is evidently required, that he who undertakes to examine this branch of science in this way, should be acquainted with the human mind in its sane state; and that he should not only be capable of abstracting his own mind from himself, and placing it before him, as it were, so as to examine it with the freedom, and with the impartiality of a natural historian; but he also should be able to take a calm and clear view of every cause which tends to affect the healthy operations of mind, and to trace their effects. He should be able to go back to childhood, and see how the mind is modelled by instruction. He who cannot do this will never proceed farther in knowledge than what he has acquired by books or by tuition; and how very limited this knowledge is, in regard to the pathology of the human mind, need not be mentioned.

When the work of analysis is completed, the most useful and difficult part remains; that of applying the result, or general principle, to explain and arrange the individual facts. It is this, indeed, which distinguishes the man of science from the mere scholar. It is, of all mental employments, the most difficult, the most liable to error, and yet the most valuable when well accomplished . . .

The objects of my inquiry are the causes of insanity, and the various diseased affections of the human mind, if such an expression can be admitted. The order into which I have arranged these, in consequence of the investigation which has been instituted, is founded on the analogy which the causes of mental derangement have with each other. I make four classes of causes. 1st. Physical or corporeal causes; 2ndly, Over-exertion of the mental faculties; 3rdly, A disproportionate activity of some of the said faculties; and lastly, The passions, or their influence.

APHASIA

There is a very singular defect of memory, of which I myself have seen two remarkable instances. It ought rather to be considered as a defect of that principle, by which ideas, and their proper expressions, are associated, than of memory; for it consists in this, that the person, although he has a distinct notion of what he means to say, cannot pronounce the words which ought to characterize his thoughts. The first case of this kind which occurred to me in practice, was that of an attorney, much respected for his integrity and talents, but who had many sad failings, to which our physical nature too often subjects us. Although nearly in his 70th year, and married to an amiable lady, much younger than himself, he kept a mistress whom he was in the habit of visiting every evening. The arms of Venus are not wielded with impunity at the age of 70. He was suddenly seized with a great prostration of strength, giddiness, forgetfulness, insensibility to all concerns of life, and every symptom of approaching fatuity. His forgetfulness was of the kind alluded to. When he wished to ask for any thing, he constantly made use of some inappropriate term. Instead of asking for a piece of bread, he would probably ask for his boots; but if these were brought, he knew they did not correspond with the idea he had of the thing he wished to have, and was therefore angry; yet he would still demand some of his boots, or shoes, meaning bread. If he wanted a tumbler to drink out of, it was a thousand to one he did not call for a certain chamber utensil; and if it was the said utensil he wanted, he would call it a tumbler, or a dish. He evidently was conscious that he pronounced wrong words, for when the proper expressions were spoken by another person, and he was asked if it was not such a thing he wanted, he always seemed aware of his mistake, and corrected himself by adopting the appropriate expression. This gentleman was cured of his complaint by large doses of valerian, and other proper medicines. For some time I

considered this a very rare case; but a few years afterwards I met with another, which came on in consequence of a paralytic affection; and other instances of it are to be met with in the writings of different medical men.

ANALYSIS OF HUMAN ACTION

That no passion can arise without previous desire or aversion, and that no desire or aversion can occur without a previous feeling of pleasure, or pain, are axioms the truth of which will be granted as soon as they are sufficiently reflected on. As all human action may be said to spring at first from feelings of pleasure or pain, and as these depend on our organization, as well as the agency of many external circumstances, the plan which we must pursue in our endeavours to discover the source of the passions, is evidently pointed out . . . Moralists and metaphysicians have written copiously on the subject, but they have confined themselves solely to the views of moralists and metaphysicians, they have divided and subdivided it, and made inquiries concerning it, which are of no use whatever to a medical inquirer, except inasmuch as he himself is concerned in the morals of the community he lives in.

The passions are to be considered, in a medical point of view, as a part of our constitution, which is to be examined with the eye of a natural historian, and the spirit and impartiality of a philosopher. It is of no concern in this work whether passions be esteemed natural or unnatural, or moral or immoral affections. They are mere phenomena, the natural causes of which are to be inquired into; they produce constant effects on our corporeal frame, and change the state of our health, sometimes occasioning dreadful distempers, sometimes freeing us from them; these facts are to be carefully observed, examined, and enumerated. They produce beneficial and injurious effects on the faculties of the mind, sometimes exalting them, sometimes occasioning temporary derangement, and permanent ruin: the progress to these different states also deserves serious consideration.

ANALYSIS OF MURDER

Another very common termination of despair is in murder. A person may be determined to this act by a variety of thoughts; a melancholic person may falsely imagine that his relations and friends are combined to ruin him, or kill him; his fears and anger point them out as objects of revenge; if it proceeds from poverty, he may consider the destruction of his wife and children as a means of liberating them from pain. A person driven to despair by disappointment, or persecution, is stimulated to murder, in general, from a kind of passion approaching to the nature of revenge, as is the case of many disappointed lovers. But there is another very frequent cause of murder in such people, I mean a strong inclination which they

have to terminate their own existence . . . it is a matter of curious inquiry to attempt a discovery of those acts of judgment, which prompt such miserable men, whose only object is to escape from life, to transfer the act of cruelty from their own persons to those of others. The generality of people are satisfied in a very easy way concerning this singular phenomenon. They say such men are mad; what necessity, then, is there for any further inquiry into the reason of their actions? To which I answer, that as no madman ever commits a voluntary act without a motive, the question of curiosity is, What motive it is which prompts such a person to destroy an innocent being, and perhaps the one he is most fond of, while the principal desire in his mind, and which, in a great degree, occasions his erroneous judgment, is the wish of putting a period to his own existence; for I hope I need not repeat, that it is of such men only that the present question is. The fact itself is too notorious to be denied; the first phenomenon by which despair, arising from a desire of ease from pain through the medium of death, exhibits itself, is often the murder of another.

NINETEENTH CENTURY

THOMAS ERSKINE, FIRST BARON ERSKINE (1750–1823)

Lord Chancellor

Speech for the defence in *Proceedings on the trial of James Hadfield, at the bar of the court of King's Bench, for high treason, June 26: 40 George III, A.D. 1800.* In: *A complete collection of State Trials and proceedings for high treason and other crimes and misdemeanors from the earliest period to the year 1783 . . . compiled by T. B. Howell . . . and continued from the year 1783 to the present time: by T. J. Howell,* 1820 *London, Longman* et al. Vol. 27, pp. 1309-23, 1328-9

Nothing shows better how the practice of psychiatry is constantly modified by social influences and how in turn its social implications modify society's attitude and hence indirectly also that of psychiatrists to the insane, than the history of the medico-legal aspects of insanity. For this reason Blackstone's *Commentaries* (1765) which treated of the development of medico-legal doctrines and contemporary practice have an important place in psychiatric history. The next milestone in the criminal law as it relates to insanity was the trial for high treason on 26 June 1800 of James Hadfield. He was charged that on 15 May at the 'Drury-lane theatre' he 'did shoot off and discharge a certain pistol then and there being loaded with gunpowder and divers leaden shots slugs and bullets . . . at the person of our said lord the king with intent thereby and therewith maliciously and traiterously to shoot assassinate kill and put to death our said lord the king against the duty of allegiance of him the said James Hadfield . . .'

The crime itself – one of the six attempts made on the life of George III – aroused wide interest. In the Attorney-General words it was 'one of the highest and of the most heinous nature, involving in its probable consequences every thing which can affect the peace and happiness of the country'. But of much greater and historic significance was the trial which followed and this because Hadfield had the good fortune to be defended by Thomas Erskine in one of the ablest and most lucid pleadings of all time who surveyed the relation of insanity to criminal responsibility and defined the circumstances in which an offender should be adjudged not answerable in law. Erskine maintained that 'the knowledge of good and evil' was 'too general a criterion' although even in the 'McNaughton Rules' (1843) the judges still held that if 'the party accused had a sufficient degree of reason to know that he was doing an act that was wrong' he was punishable (whereby they merely substituted the knowledge of 'right and wrong' in law for that of 'good and evil'). He pointed out that Hadfield knew his action to be 'evil' – indeed hoped to be put to death for it – and even more paradoxically that it was directly contrary to his exalted and

proven patriotic sentiments. He contended that in the absence of obvious 'frenzy or raving madness . . . *delusion* . . . is the true character of insanity' but a direct 'relation between the disease and the act' must be established to 'deliver a lunatic from responsibility to criminal justice' and the defence prove 'that the act in question was the *immediate, unqualified offspring of the disease*'.

To demarcate the line beyond which the plea of irresponsibility on the grounds of insanity could not be accepted Erskine reviewed the trial in 1760 of Lawrence Shirley, Earl Ferrers, who shot his steward in a fit of rage. Ferrers pleaded insanity but not being allowed counsel in conformity with the practice of the time found himself in the impossible situation of having to establish by his own wits that he was mad. He was found guilty and publicly hanged, the last peer so punished. Erskine agreed with the verdict because the law 'cannot allow the protection of insanity to a man who only exhibits violent passions and malignant resentments, acting upon *real circumstances*'.

Hadfield's illness itself as unfolded by Erskine has interesting features since he apparently developed a paranoid schizophrenia-like condition following a head injury. Born about 1771 he became a soldier in 1793 and served in Flanders with personal duties to the Duke of York. In 1794 he received severe injuries in battle which he was not expected to survive. They resulted in 'the immediate event of insanity . . . from violence to the brain, which permanently affects its structure'. In 1796 he was 'discharged from the army upon the ground of insanity' with delusions concerning the imminent end of the world and salvation of a type which recur throughout the history of psychiatry (from Cosin, 1592 [*q.v.*] to *Schreber's Memoirs*, 1903, translated by the authors, London, Dawson, 1955). Shortly before the deed he was in contact with 'one Truelock a lunatic' who preached 'that our Saviour's second advent, and the dissolution of all human things, were at hand' and this precipitated 'the insane delusion . . . of his own propitiation and sacrifice for mankind . . . He imagined . . . that the world was coming to a conclusion . . . he was to sacrifice himself for its salvation . . . and, because he would not be guilty of suicide, though called upon by the imperious voice of Heaven, he wished that by the appearance of crime his life might be taken away from him by others'. Two days before his attempt on the king, he had attempted to destroy his eight months old son 'for the benefit of mankind', although he 'knew perfectly well that he was the husband of the woman and the father of the child; the tears of affection ran down his face at the moment that he was about to accomplish its destruction'. Neither had he 'an idea . . . of the destruction of the king; on the contrary, he always maintained his loyalty; lamented that he could not go again to fight his battles'. Henry Cline (1750–1827) surgeon to St Thomas's Hospital and Sir Alexander Crichton (called 'Dr. Creighton' in the report of the trial) deposed respectively about the extent of the head wounds, the likelihood of brain damage and the nature of his insanity.

So convincing was Erskine's pleading that when he ended the Lord Chief Justice in agreement with the Attorney-General and Solicitor-General for the Crown stopped the trial and directed the jury to find Hadfield 'Not Guilty; he being under the influence of Insanity at the time the act was committed'. This verdict led to the judicial difficulty what was to be done with him since to release him would have been dangerous to the community as well as himself, but no legal title existed to detain him. Therefore within one month of the verdict there

was hurriedly passed an *Act for the safe custody of insane persons charged with offences*, 39 & 40 George III, c. 94, 1800 which provided that if 'any Person, charged with Treason, Murder, Felony' was found to have been 'insane at the Time of the Commission of such Offence' and hence acquitted, 'the Court shall . . . order such Persons to be kept in strict Custody, in such Place and in such Manner as to the Court shall seem fit, until His Majesty's Pleasure shall be known'. Hadfield was accordingly committed to Bethlem Hospital where he survived until 1849.

However, this Act did not cover a verdict of guilty but insane and this was incorporated in 1840 after the trial of Edward Oxford who was so found for 'discharging two pistols at her Majesty' in an *Act for making further provision for the confinement and maintenance of insane prisoners*, 3 & 4 Victoria, c. 54. This extended the powers of the Royal Warrant granted under the Act of 1800 to offences less than treason and provided for a Secretary of State's Warrant by which insane prisoners could be transferred to an asylum. These Acts were superseded in 1883 by an *Act for the trial of lunatics*, 46 & 47 Victoria, c. 38 by which the jury were required to find not only whether the prisoner was insane at the time of the crime but also whether he had committed it. 'Criminal lunatics' (an unsatisfactory term as it included insane offenders not found guilty but for whom the alternate term 'state prisoner' did not gain currency) remained in special wards at Bethlem and county asylums until Broadmoor Asylum, the central State Institution was opened in 1863.

Even before these laws were passed the practice had been to confine insane offenders in madhouses without necessarily bringing them to trial. In 1777 for example a known lunatic was sent for life to William Perfect's madhouse for matricide; in 1786 Margaret Nicholson who attempted to stab George III with a blunt table knife was committed to Bethlem Hospital by order of the Privy Council after an examination by Drs John and Thomas Monro; and in 1796 Mary Lamb was sent by authority of the Coroner's Court to Hoxton House Asylum for murdering her mother while suffering from temporary insanity.

PLEA OF INSANITY: NOT GUILTY, BUT INSANE

The law, as it regards this most unfortunate infirmity of the human mind, like the law in all its branches, aims at the utmost degree of precision; but there are some subjects . . . and the present is one of them, upon which it is extremely difficult to be precise. The general principle is clear, but the application is most difficult . . . I agree with the attorney-general, that the law, in neither civil nor criminal cases, will measure the degrees of men's understandings; and that a *weak* man, however much below the ordinary standard of human intellect, is not only responsible for crimes, but is bound by his contracts, and may exercise dominion over his property. Sir Joseph Jekyll, in the duchess of Cleveland's case, took the clear legal distinction, when he said, 'The law will not measure the sizes of men's capacities, so as they be *compos mentis*'. Lord Coke, in speaking of the expression *non compos mentis*, says, 'Many times, as here, the Latin word expresses the true sense, and calleth him not *amens, demens, furiosus,*

lunaticus, fatuus, stultus, or the like, for *non compos mentis* is the most sure and legal'. He then says, '*Non compos mentis* is of four sorts: first idiota, which, from his nativity, by a perpetual infirmity, is *non compos mentis*; secondly, he that by sickness, grief, or other accident, wholly loses his memory and understanding; third, a lunatic that hath sometimes his understanding, and sometimes not; *aliquando gaudet lucidis intervallis*; and therefore he is called *non compos mentis* so long as he hath not understanding' . . . Lord Hale says, 'There is a partial insanity of mind, and a total insanity. The former is either in respect to things, *quoad hoc vel illud insanire*; some persons, that have a competent use of reason in respect of some subjects, are yet under a particular dementia in respect of some particular discourses, subjects, or applications; or else it is partial in respect of degrees; and this is the condition of very many, especially melancholy persons, who for the most part discover their defect in excessive fears and griefs, and yet are not wholly destitute of the use of reason; and this partial insanity seems not to excuse them in the committing of any offence . . . it is very difficult to define the invisible line that divides perfect and partial insanity; but it must rest upon circumstances duly to be weighed and considered both by judge and jury, lest on the one side there be a kind of inhumanity towards the defects of human nature; or, on the other side, too great an indulgence given to great crimes' . . .

The attorney-general, standing undoubtedly upon the most revered authorities of the law, has laid it down, that to protect a man from *criminal responsibility*, there must be a *total deprivation of memory and understanding* . . . but the true interpretation of it deserves the utmost attention and consideration of the Court. If a *total deprivation of memory* . . . meant, that, to protect a man from punishment, he must be in such a state of prostrated intellect, as not to know his name, nor his condition, nor his relation towards others – that if a husband, he should not know he was married; or, if a father, could not remember that he had children; nor know the road to his house, nor his property in it – then no such madness ever existed in the world. It is *idiocy* alone which places a man in this helpless condition . . . But in all the cases which have filled Westminster-hall with the most complicated considerations – the lunatics and other insane persons who have been the subjects of them, have not only had memory, in my sense of the expression – they have not only had the most perfect knowledge and recollection of all the relations they stood in towards others, and of the acts and circumstances of their lives, but have, in general, been remarkable for subtlety and acuteness. Defects in their reasonings have seldom been traceable – the disease consisting in the delusive sources of thought; all their deductions within the scope of the malady, being founded upon the *immoveable* assumption of matters as *realities*, either without any foundation whatsoever, or so distorted and disfigured by fancy, as to be almost nearly the same thing as their creation. It is true, indeed, that in some, perhaps in many cases, the human mind is stormed

in its citadel, and laid prostrate under the stroke of frenzy; these unhappy sufferers, however, are not so much considered by physicians as maniacs as to be in a state of delirium from fever . . . Such persons, and *such persons alone* (except idiots) *are wholly deprived of their understandings* . . . But these cases are not only extremely rare, but never can become the subjects of judicial difficulty. There can be but one judgment concerning them. In other cases, reason is not driven from her seat, but distraction sits down upon it along with her . . . Such patients are victims to delusions of the most alarming description, which so overpower the faculties, and usurp so firmly the place of realities, as not to be dislodged and shaken by the organs of perception and sense . . . Here, too, no judicial difficulties can present themselves . . . Another class . . . is, where the delusions are not of that frightful character, but infinitely various, and often extremely *circumscribed* . . . and these are the cases which frequently mock the wisdom of the wisest in judicial trials; because such persons often reason with a subtlety which puts in the shade the ordinary conceptions of mankind: their conclusions are just, and frequently profound; but the premises from which they reason, *when within the range of the malady*, are uniformly false: – not false from any defect of knowledge or judgment; but, because a delusive image, the inseparable companion of real insanity, is thrust upon the subjugated understanding, incapable of resistance, because unconscious of attack.

Delusion, therefore, where there is no frenzy or raving madness, is the true character of insanity; and where it cannot be predicated of a man standing for life or death for a crime, he ought not, in my opinion, to be acquitted . . . I must convince you, not only that the unhappy prisoner was a lunatic, within my own definition of lunacy, but that the act in question was the *immediate, unqualified offspring of the disease* . . . to deliver a lunatic from responsibility to *criminal* justice, above all, in a case of such atrocity as the present, the relation between the disease and the act should be apparent. Where the connexion is doubtful, the judgment should certainly be most indulgent, from the great difficulty of diving into the secret sources of a disordered mind; but still, I think, that, as a doctrine of law, the delusion and the act should be connected . . .

I cannot allow the protection of insanity to a man who only exhibits violent passions, and malignant resentments, *acting upon real circumstances*; who is impelled to evil from no morbid delusions; but who proceeds upon the ordinary perceptions of the mind. I cannot consider such a man as falling within the protection which the law gives . . .

Gentlemen, it has pleased God so to visit the unhappy man before you; to shake his reason in its citadel; to cause him to build up as realities, the most impossible phantoms of the mind, and to be impelled by them as motives *irresistible*; the whole fabric being nothing but the unhappy vision of his disease – existing no where else – having no foundation whatsoever in the very nature of things . . . But it is said, that whatever

delusions may overshadow the mind, every person ought to be responsible for crimes, *who has the knowledge of good and evil.* I think I can presently convince you, that there is something too general in this mode of considering the subject . . . Let me suppose . . . that he believed the man he had destroyed, to have been a potter's vessel; that it was quite impossible to doubt that fact, *although to all other intents and purposes he was sane* . . . and was utterly *unconscious* that he had struck at the life of a human being? I only put this case, and many others might be brought as examples to illustrate, that the knowledge of good and evil is too general a description . . .

The question, therefore, which you will have to try, is this: whether . . . this unhappy man . . . meditated mischief and violence to his majesty, or whether he came to the theatre (*which it is my purpose to establish*) under the dominion of the most melancholy insanity that ever degraded and overpowered the faculties of man . . . In every case of treason, or murder . . . the jury must impute to the person whom they condemn by their verdict, *the motive* which constitutes the crime; and . . . decide, whether the prisoner, when he did the act, was under the uncontrollable dominion of insanity, and was impelled to it by a *morbid delusion*; or whether it was the act of a man, who, though occasionally mad . . . was yet not actuated by the disease . . .

The unfortunate person before you was a soldier . . . the first wound he received is most materially connected with the subject we are considering . . . The effects . . . were known by the immediate event of insanity . . . *There* the disease is, from its very nature *incurable* . . . where a man . . . has become insane from violence to the brain, which *permanently affects it structure* . . . He imagined that he had constant intercourse with the Almighty Author of all things; that the world was coming to a conclusion; and that, like our blessed Saviour, he was to sacrifice himself for its salvation; and so obstinately did this morbid image continue . . . that . . . he went to the theatre to perform, as he imagined, that blessed sacrifice; and, because he would not be guilty of suicide, though called upon by the imperious voice of Heaven, he wished that by the appearance of crime his life might be taken away from him by others . . . The idea which had impressed itself, but in most confused images, upon this unfortunate man, was, *that he must be destroyed, but ought not to destroy himself* . . .

There is, however, another consideration which I ought distinctly to present to you . . . namely, whether the prisoner's defence can be impeached for artifice or fraud . . . but for such a suspicion there is not even a shadow of foundation . . .

I declare to you, solemnly, that my only aim has been to secure for the prisoner at the bar, whose life and death are in the balance, that he should be judged rigidly by the evidence and the law . . . It is a most important consideration both as it regards the prisoner, and the community of which he is a member. – Gentlemen, I leave it with you.

JOHN HAYGARTH (1740–1827)

MB Cantab., MD Harvard, FRS, FRS Edin., physician to Chester Infirmary, subsequently of Bath

Of the imagination, as a cause and as a cure of disorders of the body; exemplified by fictitious tractors, and epidemical convulsions, 1800 *Bath, Cadell & Davies* pp. 1-5

A second edition 1801

The method of assessing new treatments by controlled trials using the active and an inert preparation made to look alike has in the last decade become an important aspect of psychiatric research in response to the need for evaluating the flood of so-called tranquillizing and anti-depressant drugs. In fact the same

OF THE

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AND

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" DECIPIMUR SPECIE." *HOR.*

Read to the Literary and Philofophical Society of Bath.

BY

JOHN HAYGARTH, M. D.

F. R. S. LOND. AND EDINB.

OF THE ROYAL MEDICAL SOCIETY AT EDINBURGH, AND OF THE AMERICAN ACADEMY OF ARTS AND SCIENCES.

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FIG. 111 Title-page of John Haygarth's *Of the imagination*, 1800.

method was used at Bath in 1799 by Haygarth when trying out a new transatlantic cure-all invented by Dr Elisha Perkins of Connecticut for painful and spasmodic disorders ranging from rheumatism to epilepsy and from gout to headache. Doubtless inspired by Mesmer's success with his metallic rods and impressed by Galvani's discovery that two dissimilar metals produced sufficient current in animal tissues to cause contraction of muscle, Perkins patented his notorious 'Metallic Tractors' which consisted of a brass and an iron rod, for the treatment of disease by 'Galvanism, or Animal Electricity'. They were brought to England by Benjamin Douglas Perkins, 'son of the discoverer' as he described himself in *The influence of metallic tractors on the human body* (London, 1798 & 1799) and sold at five guineas the pair in London, and in the West Country by Charles Cunningham Langworthy (1771–1847), MD St Andrews, physician and surgeon of Bath (and later owner of Kingsdown House Asylum, Box, Wiltshire) whose *A view of the Perkinean electricity* (Bristol, 1798; second edition Bath, 1798) was the immediate cause of Haygarth's investigation. In consultation with his friend William Falconer of Chester [see FIG. 102] he made a pair of 'wooden Tractors of nearly the same shape as the metallick, painted to resemble them in colour' and these were applied alternately with Perkins's tractors to five cases of 'chronick rheumatism'. The 'ligneous Tractors' were found to have exactly the same effect, and Haygarth concluded that both acted by 'the impression . . . made upon the patient's Imagination'. A similar therapeutic trial was conducted by the physicians of Bristol Infirmary and at Hull General Infirmary by John Alderson [see p. 760] which amply confirmed Haygarth's conclusions.

CONTROLLED THERAPEUTIC TRIAL

In physick as well as in philosophy, to discover the cause of an effect is frequently a very nice and difficult investigation. The success of medical practice essentially depends upon this faculty of sagacious discernment. One who is carried away by every wind of doctrine, and who recommends every new medicine which is in vogue and becomes popular, without considering the evidence and fair probability of its efficacy, will frequently administer inert, and sometimes injurious remedies, to his patients.

'The Tractors have obtained such high reputation at Bath, even among persons of rank and understanding, as to require the particular attention of physicians. Let their merit be impartially investigated, in order to support their fame, if it be well founded, or to correct the publick opinion, if merely formed upon delusion. Such a trial may be accomplished in the most satisfactory manner, and ought to be performed without any prejudice. Prepare a pair of false, exactly to resemble the true Tractors. Let the secret be kept inviolable, not only from the patient, but every other person. Let the efficacy of both be impartially tried, beginning always with the false Tractors. The cases should be accurately stated, and the reports of the effects produced by the true and false Tractors be fully given, in the words of the patients.'

This hint, and in these terms, I communicated to Dr. FALCONER. He entirely approved the idea, and very readily consented to make the proposed trial upon the most proper cases which could be selected from his patients in the General Hospital. We contrived two wooden Tractors of nearly the same shape as the metallick, and painted to resemble them in colour. Five cases were chosen of chronick rheumatism, in the ancle, knee, wrist, and hip. One of the patients had also gouty pains. All the affected joints, except the last, were swelled, and all of them had been ill for several months.

On the 7th of January, 1799, the wooden Tractors were employed. All the five patients, except one, assured us that their pain was relieved, and three much benefited by the first application of this remedy. One felt his knee warmer, and he could walk much better, as he shewed us with great satisfaction. One was easier for nine hours, and till he went to bed, when the pain returned. One had a tingling sensation for two hours. The wooden Tractors were drawn over the skin so as to touch it in the *slightest* manner. Such is the wonderful force of the Imagination!

Next day, January 8th, the true metallic Tractors of PERKINS were employed exactly in like manner, and with similar effects. All the patients were in some measure, but not more relieved by the second application, except one, who received no benefit from the former operation, and who was not a proper subject for the experiment, having no existing pain, but only stiffness of her ancle. They felt (as they fancied) warmth, but in no greater degree than on the former day . . .

This method of discovering the truth, distinctly proves to what a surprising degree mere fancy deceives the patient himself; and if the experiment had been tried with metallick Tractors only, they might and most probably would have deceived even medical observers. Yet this test of truth is perfectly candid. A fair opportunity was offered to discover whether the metallick Tractors possessed any efficacy superior to the ligneous Tractors, or wooden pegs.

JOHN JOHNSTONE (1768–1836)

MD Oxon, FRCP, FRS, physician of Worcester and Birmingham and to the Birmingham General Hospital

Medical jurisprudence. On madness, 1800 *Birmingham, Johnson* (pp. viii +48) pp. 8-10

Johnstone intended this book originally as a chapter in a larger work on medical jurisprudence but published it separately because the trial of Hadfield earlier in the year had aroused widespread interest in the medico-legal aspects of insanity. He dealt in detail with the question whether and to what extent 'a Lunatic Ancestry' as Pargeter (1792) called it could be fairly adduced as 'evidence in cases of imputed derangement of mind'. It had of course long been observed that, as Burton (1621) put it, an 'inward bred cause of Melancholy, is our temperature in whole or part, which wee receive from our parents, which Fernelius cals *praeter naturam*, or unnatural, it being an hereditary disease'. By the nineteenth century it was generally acknowledged that insanity was not necessarily accompanied by 'organic injury to the brain' and that often nothing could be found 'by dissection, as would prove whether the person had been insane or not'. Johnstone therefore considered how far insanity was hereditary owing to 'a peculiar structure of the brain' or because 'children of madmen, who have been educated with them' by way of 'imitation and assimilation . . . contracted . . . habits' and 'acquired . . . dispositions' rendering them 'more likely to become insane' – a question discussed later in terms of nature *versus* nurture. Johnstone's opinion was that 'the maniacal disposition' which is inherited may not only be aggravated but actually become manifest through various circumstances particularly imitation, and accordingly suggested the 'seclusion of maniacs' from society to prevent their infecting the young and impressionable. Finally he pleaded that medical evidence should be called in all criminal cases 'especially in capital offences . . . if there be any doubt of sanity'.

THE TAINT OF MADNESS

The hereditary disposition in children to the diseases of their parents, is a subject involved in deep obscurity. Yet the evidence of the fact is indisputable, as some of the noblest families of Europe have daily to lament, the inflictions of punishment not deserved immediately by themselves, but transmitted by the sins of their fathers, even to the third and fourth generation. The cause perhaps, partly originates in similarity of structure, acted upon by reiterated imitation, and consequent acquirement of the habits of those with whom we live. It were strange to suppose that the

embryon is impregnated with all the diseases of ancestors, or even with the particular diseases of the immediate parent. Of all the hereditary diseases, madness is supposed to be most constant and persevering, for even if one generation escape, the taint is presumed to cling to the succeeding branches, till either by admixture with a purer stock, or by education and management, it is neutralized or drained away. But though the evidence of the fact in these cases is indisputable, yet may we hope that much is misrepresented, and much exaggerated, since the subject, as generally understood, must naturally rouse the most dreadful apprehensions in the minds of those whose views are directed to the future health of their progeny. Similarity of organic structure, acted upon by a peculiar mode of education, and influenced by particular habits and caprices, by unwholesome management both of body and mind, is the general foundation of the disposition to madness. This disposition sometimes lies dormant, but often is called into action by different circumstances during the progress of life – by passions inordinate, by love, by ambition, by avarice, by jealousy, and by intemperance of every kind. It may be readily supposed, that a peculiar structure of the brain disposes to madness, but what this structure is, has never been demonstrated. It may also be readily presumed, that a peculiar structure of the brain may be generated, as well as of feature or limb. A madman, if we grant this, is more likely to beget children with a structure of brain disposed to receive maniacal impressions, than a man of sound mind. On the actions of the brain however, we cannot reason far; we know little or nothing, how much or how little, the sound mind depends upon structure, but we do know that it almost entirely depends upon education, and we may therefore lay it down as a practical rule, that the education and habits of certain persons are more likely to produce the disposition to madness, than structure; and that those children of madmen, who have been educated with them, and of course contracted some of their habits, and acquired in some measure their dispositions, are more likely to become insane, than those who have not been placed in the way of such imitation and assimilation. The hereditary disposition to madness is therefore a fair ground of evidence in cases of imputed derangement of mind: the evidence should however be measured by the circumstances above enumerated, and perhaps should never be traced further back than a grandfather, or to those cases in which the education among insane persons can be pointed out.

THOMAS BEDDOES (1760–1808)

MD Oxon, physician of Clifton near Bristol; sometime reader in chemistry, Oxford University. At his Pneumatic Medical Institute for the treatment of disease by the inhalation of gases his assistant (Sir) Humphrey Davy in 1799 discovered the anaesthetic properties of nitrous oxide or laughing gas.

Hygëia: or essays moral and medical, on the causes affecting the personal state of our middling and affluent classes, 1803 *Bristol, Phillips* (3 vols. 1802-3) Vol. 3, Essay X, pp. 26-32; Essay IX, pp. 12-5; Essay X, pp. 57-8, 74

Beddoes like many distinguished physicians who were interested in the phenomena of mind and widely read in the subject but had little practical opportunity of making a special study of the insane, wrote critically about psychiatry and how it could be advanced. The first extract is a plea for exact definitions and distinctions of mental disease – the essence of classification – since 'In all departments of knowledge, the nomenclature must be as the information. Where one is deficient, the other will be vague'. As an example he queried 'how far mania or raving madness, is to be distinguished from melancholia, or pining madness' and so broached the basic question 'whether it be not necessary either to confine insanity to one species, or to divide it into almost as many as there are cases', in other words to what extent psychiatry deals with individual patients and to what extent it consists of distinct diseases. The first course was later adopted by some German authors in their concept of '*Einheitspsychose*' while the second which Arnold pursued in 1782/6 continues to find occasional proponents of complicated classificatory schemes or leads to disregard of formal diagnosis, with Adolf Meyer's twentieth century concept of 'psychobiological reaction-types' as a compromise between the two approaches.

Although Beddoes did not concern himself with speculations about the body-mind or brain-mind relation – as so many did – he made the far-sighted suggestion that it might one day be possible to account for cases of insanity without visible brain lesions on a biochemical basis: 'Possibly' he wrote, 'chemical analysis may, one day, add to our acquaintance with the alterations of the living substance as much as the best morbid anatomist knows beyond one, who has never seen a dead body opened' – a remarkable forecast considering it was made 100 years before the first hospital department of clinical pathology was established.

Psychology or 'pneumatology' as Beddoes still called it – in contra-distinction to school metaphysics – was a predominant interest with him, almost one is tempted to say despite the fact that he was a general physician: 'the knowledge of the human understanding, resulting from the most refined and interesting species of observation, and capable of useful application, I prefer to all kinds of

knowledge. Every day I lament not being a greater proficient in it'. This explains why he gave so much attention in his writings to nervous diseases and his plea for 'Public rewards' or 'aid for . . . researches' into 'mental alienation' and into the effects on the mind of physical disease and of the passions on the body, in other words psycho-somatic correlations.

Much of the essay from which the second extract is taken deals with the various forms of epilepsy, study of which Beddoes felt would aid the understanding of many normal and abnormal phenomena. He advocated 'separate institutions for the cure of epileptics' partly because he hoped 'such institutions would be as much incentives, as they would afford opportunities, to explore that internal world, in which we medical men are such strangers'. And in the same essay more than half a century before Charcot popularised his concept of 'hystero-epilepsy' Beddoes described as 'hysterical epilepsy' a patient suffering from what are today diagnosable as temporal lobe attacks, and rightly identified them with the hysterical fits or 'fits of the mother' of older authors. He called it 'epilepsy lowered down into hysterics'.

In the third extract Beddoes lamented the attitude of those 'persons, having the superintendence of lunatics' who disclaim all interest in 'close study of the human mind' and so 'forego the consideration of the essence . . . to play idly about its accessories and accidents'. Only combined study of 'adult madness' with insanity in its 'nascent state' he believed would lead to knowledge adequate for scientific treatment and prevention. It is striking in this connection that he stressed the 'associating power of the feelings' in leading to mental disease, which has only been rediscovered by the psychotherapeutic endeavours of our own time: 'It is the most neglected, and perhaps at the same time the most pregnant topic in the doctrine of the mind . . . For feelings that have accompanied ideas at different times, have prodigious power in bringing the ideas together'.

ON THE VALIDITY OF THE DISTINCTION BETWEEN MELANCHOLIA AND MANIA

Modern nosologists have so entirely departed from the original principle of distinction, by which melancholy madness was characterized according to the appearances of what is vulgarly called *melancholy* in sane people, that they now give us no other criterion than the partial nature of the insanity. 'Insanity' says Dr. Cullen, 'consists in such false conceptions of the relations of things, as lead to irrational emotions or actions. Melancholy is partial insanity without indigestion – Mania is universal insanity'. According to this account, the partition between the two is thin indeed. It is a mere difference in degree. It sounds much the same as splitting small-pox into *partial* and *universal*, because sometimes there happens to be only one pustule or pustules but upon one limb; while at others, the eruption is diffused over the whole body. Such a system of subdivision is contrary to that, which is followed with regard to all other disorders, and indeed contrary to what manifest propriety suggests. Nearly all disorders exhibit the same variety of gradations without being marked, for this

reason, as specifically different . . . It answers no purpose in prognostication or practice. Accordingly, it is pitiful to see what attempts are made to maintain the distinction by writers, who have not the courage to reject it. Thus the experienced *Chiarugi* says, that 'mania properly signifies raving madness. The maniac is like a tyger or a lion, and in this respect mania may be considered as a state opposite to true melancholia'. Nevertheless the intermixture and alteration of symptoms oblige him to create a species of raving melancholia: and he adds, 'that there are alienations of mind, attended with a fixed hatred towards some single object, to which, at a later period, sallies of rage associate themselves, returning on certain occasions. Now to determine whether this affection deserves the name of mania or of raving melancholy, the behaviour of the parties must be watched. If they be truly maniacal, they will not for ever continue immoveable in respect to the object of their hatred, but at times transfer it to other objects, which shall be exhibited to them by their excited fancy in a very lively manner, but indistinctly and in irregular connection with the series of their actual sensations'. So if a lunatic abhor but a single person only, he is to be set down under one head; and if he chance to take it into his head to be affronted with another, continuing otherwise just the same, he is to be removed to a different disorder. Delicate lines indeed! and which must escape not only the eyes of other people, but at times those of him who drew them! As if hatred and suspicion did not, almost in all cases of derangement, diverge from their first object, or might not at least by the smallest provocation be derived to others. Again, the same author allows that there are maniacs, who will listen to the remonstrances of their friends, and become tranquil in consequence. That is, there is an universal insanity which is partially rational. Again, he tells us, that 'though fury may not be always present, yet the disposition to it is always to be observed'. It is singular that a physician who had had so many hundreds of the insane under his eye, did not remember in penning this passage, how often the disposition to fury is to be observed in the melancholic, that is, in those who strictly brood over one idea, and how apt they are to burst from their meditations and offer violence to those, who injudiciously disturb them? A writer, the most remarkable of all for the multiplicity of his divisions, confesses at last, that 'all these species of insanity may be variously combined, and frequently interchange, one with another. It may be proper farther to remark that the same patient sometimes goes through several kinds of insanity – which may be reckoned in such cases as so many degrees or stages, during the course of the same illness' (*Arnold on Insanity*, I. 316). The respectable testimony of Mr. *Haslam* is still more express respecting the nullity of the common distribution. 'As the terms *mania* and *melancholia*', says he, 'are in general use, and serve to distinguish the forms, under which insanity is exhibited, there can be no objection to retain them. But I would strongly oppose their being considered as opposite diseases. In both, the association of ideas is equally incorrect and

they appear to differ only, from the different passions which accompany them. On dissection, the state of the brain does not shew any appearances, peculiar to melancholy; nor is the treatment which I have observed most successful, different from that which is employed in mania'. 'We every day', says the same observer, 'see the most furious maniacs suddenly sink into a profound melancholy; and the most depressed and miserable objects become violent and raving. We have patients in Bethlem Hospital, whose lives are divided between furious and melancholic paroxysms, and who, under both states, retain the same set of ideas'. Let me add one more confirmation. I was very lately favoured with the perusal of a manuscript, which if it could ever appear before the public, would go far to demonstrate that this and that form of insanity are only supposed to be so limited to individuals, because cases are seldom observed long together with close attention. A medical gentleman, who had for years superintended a lunatic asylum was obliged, on account of indisposition of his own, to retire from his professional pursuits. During this secession, he lived under the same roof with an insane patient, and kept a journal for many months, in which regular entries were made morning and evening. The practitioner visited the patient daily, and sometimes repeatedly on the same day. He had almost hourly reports concerning her. The diary exhibits the utmost conceivable range of symptoms, and the author expressly assured me, that this one case shewed him every material appearance which he had observed in all the patients that had ever been under his care.

PECULIAR PERPLEXITY RESPECTING NERVOUS AFFECTIONS

All diseases, nay, every sort of injury, will, on strict consideration, be found to affect the mind. Some difference in the inward state will correspond to the slightest external difference. I shall have no difficulty in shewing by and by, that disorders, which, like the lumbar or psoas abscess, proceed to a considerable head without being in the least suspected, must affect the individual as a rational and sensitive being. But in many instances the bodily change is so much more permanent and considerable than the mental, that this is overlooked. In a pleurisy, the history of the disease and of its treatment, is thought to be fully comprehended in an account of the pain, of the pulse, of the breathing, of the number of bleedings and so forth. In this and other febrile affections, it is deemed sufficient just to note whether delirium occur, or at most, to mark whether it be a delirium of the low or the frantic kind . . . In nervous complaints, every thing is different. Changes of the organization, it is true, have been sometimes detected in nervous complaints: but then the same symptoms equally appear, when no such changes exist; so that here morbid anatomy is at present of little or no use in pointing out the correspondence between the obvious and hidden workings of the machine. The intellectual faculties

bear a considerable part in these mysterious and often terrific scenes . . . For these irregularities of thought, feeling, and action, which constitute the essential character, if it be possible to assign the essential character, of this class of disorders, we cannot hope to account, without some insight into the laws of the human mind. What terrors there are inherent in this subject, different people will probably disagree in attempting to determine. But one thing is clear. It is a subject of enquiry equally shunned by the faculty, and by those who are not of the faculty. Yet it is obvious that the investigation of these laws bears exactly the same relation to the diseases in question, as the comparative anatomy of sound and morbid bodies does to many other diseases.

This neglect accounts, in some measure, for our unequal advances in the art of medicine. We continually see improvements made in the treatment of fever, of scrophula, syphilis, consumption, diabetes, and sore legs. Public rewards are given for methods of destroying contagion and exterminating the small-pox. But scarcely does even a rumour of any aid for man, when he is suffering in his higher powers, stir abroad. The attempts made for his relief have nothing in them *rational*. At least they are not guided by any researches into the nature of his sufferings. So that if we are destined to find only in proportion as we seek, we shall have a remedy for cancer a hundred years before we arrive at any tolerable arrangement of the appearances attending mental alienation, or are provided with a set of safe rules for the medicinal employment of the passions.

NASCENT INSANITY

The authority of observant persons, having the superintendance of lunatics must be great, but there are considerations, which limit it. To the excentric movements of these animated machines, they are constant witnesses, and must therefore be good judges of their range. But does it follow that they must be equally well acquainted with their interior structure? In a madhouse at least, they can hardly gain this knowledge. The machine was laid together and mounted before its introduction there. It is one thing to behold the Nile foam down its cataracts, and spread over the face of Egypt; another to possess the secret of its springs. And those who have been most familiar with adult madness have, I believe, often failed to study it in nascent state. In the heat and bustle of their own occupations, they sometimes consider the close study of the human mind, concerning which every man of education has a few random notions, as an occupation too retired, and too much in the shade for them; nay, one finds them disclaiming metaphysics, or professing an intention of dispatching this part of the subject as soon as possible. That is, they desire to forego the consideration of the essence of the thing, and to play idly about its accessories and accidents. The sane and insane mind are made up of the same stuff. A change in the hues and arrangement of their materials is the sole

difference. Upon the knowledge of this change, it is probable that the power of preventing and correcting it greatly depend. The management of the insane, as far as one can judge from books, goes on too much in the gross; and without the insight to be obtained from the study I recommend, it is not easy to say how it can be more nicely adapted to the exigencies of individuals . . . The consideration of moral causes of slow operation is the most curious as well as most useful in this whole enquiry.

JOHN FORD

THE SEDATIVE PROPERTIES OF TIN, 1803

THREE LETTERS

ON

MEDICAL SUBJECTS:

ADDRESSED TO

THE REVEREND GILBERT FORD,

ORMSKIRK, LANCASHIRE.

CONTAINING

I. An Account of the Effects of an Aloetic Medicine in the Gout and other Chronical Complaints.

II. A Practice which has been successful in the individual Prevention of the late Epidemics.

III. An Account of the sedative Properties of the Granulated Preparation of Tin, in some Affections of the Mind.

BY JOHN FORD, M.D.
CHESTER.

LONDON:

PRINTED FOR J. WHITE, FLEET STREET, AND T. EGERTON, WHITEHALL.

1803.

T. BENSLEY, PRINTER, BOLT COURT.

FIG. 112 Title-page of John Ford's *Three letters on medical subjects*, 1803, containing 'An Account of the sedative Properties of . . . Tin, in some Affections of the Mind'.

The search for a tranquillising agent which acts without systemic disturbance has occupied physicians in all ages and from time to time new remedies were introduced including heavy metals (of which lithium is occasionally still used today to control the excitement and overactivity of so-called hypomanic patients). John Ford (1731–1807), MD Aberdeen, physician of Bristol and later Chester when administering 'the preparation of tin . . . with other views' (namely 'to remove costiveness') made 'the unexpected observation' that it was a powerful 'sedative in some afflictions of the mind'. The 'granulated preparation of tin' he wrote 'has accidentally been discovered to possess . . . a sedative power, specifically such, independent of what might be expected from . . . [its] operation on the primæ viæ . . . in many cases I have known it to soothe and calm the perturbations of the human mind, which are so distressing to the unhappy sufferer, and frequently baffle the powers of medicine'.

THOMAS PERCIVAL (1740–1804)

MD Leyden, FRS, physician of Warrington and Manchester and to Manchester (Royal) Infirmary; founder member and President, Manchester Literary and Philosophical Society; public and industrial health reformer

Medical ethics; or, a code of institutes and precepts, adapted to the professional conduct of physicians and surgeons, 1803 *Manchester, Johnson & Bickerstaff* pp. 27-8

Percival wrote that the first chapter of this book 'was composed in the spring of 1792, at the request of the physicians and surgeons of the Manchester Infirmary: And the substance of it constitutes the code of laws, by which the practice of that comprehensive institution is now governed'; he 'was afterwards induced . . . to enlarge the plan of his undertaking, and to frame a general system of Medical Ethics'. With the help of his friends John Aikin, Sir George Baker, James Currie, John Ferriar, Erasmus Darwin, John Haygarth and William Withering (all of whom figure in the present volume) he produced this comprehensive guide to professional conduct and its relation to the law in all branches of hospital and private or general practice.

The book contains numerous references to 'Lunatics' including the admonition that 'the physician . . . must feel himself under the strictest obligation of honour, as well as of humanity' towards his insane patients since they 'are, in a great measure, secluded from . . . observation . . . and their complaints of ill-usage are so often false and fanciful, as to obtain little credit or attention, even when well founded'. Regarding treatment Percival advised that 'it is more consonant to probity to err on the side of caution than temerity': of 1575 patients treated in this spirit at the Manchester Lunatic Hospital from 1766 to 1802, '627 have been cured; 212 . . . relieved; 488 . . . discharged at the request of their friends; 171 . . . died; 8 . . . deemed incurable; and 69 remained in the house'. Most fruitful because far-seeing was Percival's suggestion that in asylums 'a regular *journal* should be kept of every species of malady which occurs'. By this means there would accrue a body of clinical data which would in time allow 'the various diseases . . . classed under . . . insanity' to be separated into 'species' according to their cause and course. Indeed the keeping of such a '*journal*' was made compulsory by the *Act for the Regulation of the Care and Treatment of Lunatics*, 1845: 'And be it enacted, That there shall be kept . . . a . . . "Case Book", in which the Physician, Surgeon, or Apothecary . . . shall from Time to Time make Entries of the mental State and bodily Condition of each Patient' etc. The nosography so assembled formed the basis of much of the advance in psychiatry in the nineteenth century as it made possible correlation of symptomatology with clinical course - the basis of classification.

Though casual success may sometimes be the result of empirical practice, the *medicina mentis* can only be administered with steady efficacy by him, who, to a knowledge of the animal œconomy, and of the physical causes which regulate or disturb its movements, unites an intimate acquaintance with the laws of association; the controul of fancy over judgment; the force of habit; the direction and comparative strength of opposite passions; and the reciprocal dependences and relations of the moral and intellectual powers of man.

Even thus qualified with the pre-requisite attainments, the physician will find that he has a new region of medical science to explore. For it is a circumstance to be regretted, both by the faculty and the public, that the various diseases which are classed under the title of insanity, remain less understood than any others with which mankind are visited. Hospital institutions furnish the best means of acquiring more accurate knowledge of their causes, nature, and cure. But this information cannot be attained, to any satisfactory extent, by the ordinary attention to single and unconnected cases. The synthetic plan should be adopted; and a regular *journal* should be kept of every species of the malady which occurs, arranged under proper heads, with a full detail of its rise, progress, and termination; of the remedies administered, and of their effects in its several stages. The age, sex, occupation, mode of life, and if possible hereditary constitution of each patient should be noted: And, when the event proves fatal, the brain, and other organs affected should be carefully examined, and the appearances on dissection minutely inserted in the journal. A register like this, in the course of a few years, would afford the most interesting and authentic documents, the want of which, on a late melancholy occasion, was felt and regretted by the whole kingdom.

THOMAS TROTTER (1760–1832)

MD Edin., naval surgeon; later physician to the Royal Naval Hospital, Haslar and to the Channel Fleet; from 1802 in Newcastle-on-Tyne

An essay, medical, philosophical, and chemical, on drunkenness, and its effects on the human body, 1804 *London, Longman & Rees* (pp. xii+203) pp. 3-5, 171-80

A fourth edition 1812

There had been many exhortations against drunkenness like Samuel Ward's sermon *Woe to drunkards*, 1622, Richard Young's [*q.v.*] description of *The drunkard's character*, 1638, and *Hints respecting the effects of hard drinking*, 1798 by John Coakley Lettsom (1744–1815), founder of the Medical Society of London, but 'the investigation of so important an inquiry, in a regular scientific manner, was never before thought of' wrote Trotter, until 'I fixed upon Ebriety' as 'the subject of my Inaugural Dissertation . . . for the degree of Doctor of Medicine, in the University of Edinburgh'. His thesis was published as *De ebrietate, ejusque effectibus in corpus humanum*, 1788. 'The state of ebriety itself' he continued 'exhibits some of the most curious and interesting phenomena that are met with in . . . animated nature. The potent stimulus of vinous spirit, as if by magical influence, so disturbs . . . the animal functions, that new affections of mind, latent, or unknown before, are produced'. Subsequent experience in the Navy during which he 'had the satisfaction of getting 200 gin-shops shut up' in Plymouth alone, and the continued neglect of the subject in medical writings, led him to compile this enlarged commentary on his thesis which can fairly claim to be the first medical treatise on alcoholism. Incidentally Trotter had been responsible for introducing vaccination to the Navy and dedicated this book to Edward Jenner 'whose labours go to the length of saving annually half a million of his fellow-creatures'.

Rather than moral turpitude to be combated by sermonising Trotter considered 'drunkenness, strictly speaking, to be a disease', more particularly 'a disease of the mind' accompanied by mental and physical deterioration and with marked social consequences which should be treated accordingly, though then as now 'a task the most ungrateful'. First the physician must gain 'the full confidence of the patient', then he should '*at once*' take away alcohol in every form rather than little by little as in the ingenious method recommended by Lettsom. This was to be followed by 'studying the patient's temper and character' in order to ascertain 'the particular cause, time, and place of his love of the bottle' followed by individual treatment according 'to the discretion of the physician'. Among many interesting clinical facts Trotter observed that the effect of alcohol

was first 'stimulant and exciting' and only later 'sedative and narcotic'; that it induced insensibility to pain and cold; that it 'has a great influence on retarding the healing of wounds'; and that 'A small quantity of liquor is apt to derange' more easily and more markedly people who have suffered 'Wounds and contusions of the brain and cranium' or have 'other organic lesions'.

The first suggestion in print for 'establishing Institutions for the cure of intemperance' was made some thirty years later by Samuel B. Woodward (1787–1850), MD, one of the founders of the Retreat, Hartford, Connecticut, superintendent of the Massachusetts State Lunatic Hospital 1832–46, first President of the Association of Medical Superintendents of American Institutions for the Insane 1844, in the daily press and in a pamphlet *Essays on asylums for inebriates* [1838, Worcester, Mass.]. However the first was eventually the New York State Inebriate Asylum founded in 1858.

Besides his contributions to naval medicine and the fact that for part of his service he was the only MD in the Navy, Trotter has claim to be remembered for giving evidence before the Select Committee of the House of Commons in 1790–1 as one of the petitioners for the abolition of the slave trade; and for the fact that the New York reprint of 1808 of the second edition of his *A view of the nervous temperament* (first edition Newcastle 1807) was the first psychiatric book printed in the United States (not counting MD theses like that by Parrish illustrated in FIG. 113).

ALCOHOLISM

The habit of inebriation, so common in society, to be observed in all ranks and stations of life, and the source of inexpressible affliction to friends and relatives, has seldom been the object of medical admonition and practice. The priesthood hath poured forth its anathemas from the pulpit; and the moralist, no less severe, hath declaimed against it as a vice degrading to our nature. Both have meant well; and becomingly opposed religious and moral arguments to the sinful indulgence of animal appetite. But the physical influence of custom, confirmed into habit, interwoven with the actions of our sentient system, and reacting on our mental part, have been entirely forgotten. The perfect knowledge of those remote causes which first induced the propensity to vinous liquors, whether they sprung from situation in life, or depended on any peculiar temperament of body, is necessary for conducting the cure. A due acquaintance with the human character will afford much assistance; for the objects of our care are as diversified as the varieties of corporeal structure. Pleasure, on one hand, presents the poisonous bowl: low spirits, on the other, call for the cheering draught. There business and the duties of office have plunged one man into frequent hard drinking; while cares and misfortunes have goaded on another. The soldier and the sailor get drunk while narrating the dangers of the battle and the storm: the huntsman and the jockey, by describing the joys of the chace and course. Here genius and talent are levelled with the dust, in trying to forget, in wine, the outrages of fortune, and the ingratitude of the world; while more ponderous and stupid mortals,

in attempting to seek in the bottle the feelings and sentiments of exalted beings, gravitate to their original clay, or sink deeper into their parent mud.

In treating these various descriptions of persons and characters, it will readily appear to a discerning physician, that very different methods will be required. The patient already knows, as well as the priest and moralist, that the indulgence is pernicious, and ultimately fatal: he is also aware, without the reasonings of medicine, that the constant repetition will destroy health; but it is not so easy to convince him that you possess a charm that can recompence his feelings for the want of a grateful stimulus, or bestow on his nervous system sensations equally soothing and agreeable as he has been accustomed to receive from the bewitching spirit. *Hic labor, hoc opus est*: this is the difficulty; this is the task, that is to prove your discernment, patience, and address. That little has been done hitherto with success, we may be assured, by very rarely meeting with a reformed drunkard. The habit, carried to a certain length, is a gulph, from *whose bourne no traveller returns*; where fame, fortune, hope, health, and life perish . . .

When ebriety has become so far habitual that some disease appears in consequence, the physician is for the first time called in, and a task the most ungrateful devolves upon him . . . On such an occasion it is difficult to lay down rules. The physician must be guided by his own discretion: he must scrutinize the character of his patient, his pursuits, his modes of living, his very passions and private affairs. He must consult his own experience of human nature, and what he has learned in the school of the world. The great point to be obtained is the confidence of the sick man; but this is not to be accomplished at a first visit. It is to be remembered that a bodily infirmity is not the only thing to be corrected. *The habit of drunkenness is a disease of the mind.* The soul itself has received impressions that are incompatible with its reasoning powers. The subject, in all respects, requires great delicacy and address; and you must beware how you inveigh against the propensity; for the cravings of appetite for the poisonous draught are to the intemperate drinker as much the inclinations of nature for the time, as a draught of cold water to a traveller panting with thirst in a desert. Much vigilance will often be required in watching these cravings; for they are sometimes attended with modes of deception, and a degree of cunning, not to be equalled. Nay I have known them employ force in the rudest manner in order to gratify their longing after spirituous liquors. I firmly believe that the injudicious and ill-timed chastisement of officious friends have driven many an unfortunate inebriate to ruin, that might have been reclaimed by a different treatment. Nay, if such corrections are applied when the mind is ruffled with nervous and hypochondriacal feelings, and depressed with low spirits, which so frequently follow a last night's debauch, the consequences may be fatal; and it is well known that suicide has sometimes been first resolved upon after these ghostly admonitions.

When the physician has once gained the full confidence of his patient, he will find little difficulty in beginning his plan of cure. I have on several occasions wrought myself so much into the good graces of them, that nothing gave them so much alarm or uneasiness as the dread of declining my visits after they had been argued out of the pernicious practice. This confidence may sometimes be employed to great advantage when your regimen is in danger of being transgressed, for frequent relapses, and promises repeatedly broken, will, in such situations, render the physician's visits a work of great trial to his patience. This disease, I mean the habit of drunkeness, is like some other mental derangements; there is an ascendancy to be gained over the person committed to our care, which, when accomplished, brings him entirely under our controul. Particular opportunities are therefore to be taken, to hold up a mirror as it were, that he may see the deformity of his conduct, and represent the incurable maladies which flow from perseverance in a course of intemperance. There are times when a picture of this kind will make a strong impression on the mind; but at the conclusion of every visit, something consolatory must be left for amusement, and as food for his reflections.

It has been a doubt with some physicians, whether even, if the patient were willing, it is proper all at once to leave off wine or spirits. The body being long accustomed to this stimulus cannot be deprived of it, without sustaining manifest injury . . . But it does not appear that ever the living body could accustom itself, strictly speaking, to the use of *alkohol*. The habit of intoxication belongs to the mind . . . If any at time an inebriate dies after he has been compelled to temperance, his death is not to be attributed to the want of spirituous potation, but to the too long continuance of it, which rendered his disease incurable. The whole of these arguments tend to prove that vinous stimulus may be safely relinquished *at once*; the debility of the body, if any exists, is then to be cured by whatever may restore the weakened organs . . . In attempting to subtract the vinous potation by little and little, a difficulty arises which every one conversant with the subject must have observed. As soon as the limited portion of liquor is swallowed, an agreeable glow is experienced; and by it so grateful a feeling is conveyed to the mind, which in an instant connects the chain of habit, that is our duty to break. This glow and feeling are associated in the patient's mind with all those pleasurable sensations he has been accustomed to receive from his former bumper. He therefore reasons with himself that he finds much relief; and as he is aware that the effect of the present dose will only be of short duration, he must take another to prolong his reverie, and ward off some intruding care. With a second glass he finds more pleasing objects presented to his imagination, and then he is urged to try a third. His depressed spirits, fears, and apprehensions have now vanished: he is so happy within himself that he despises fortune, and views the world with contempt; thus he goes on, libation after libation, till he sinks into a drunken slumber . . .

The morning visit of his physician will be introduced with the inquiry about the quantity of wine drank yesterday, and how he slept in the night? He will probably tell his physician very frankly, that he rather exceeded his allowance, but slept well. But the morning account; ate no breakfast, pain about the region of the liver worse, great flatulence, cardialgia, thirst, headach, &c. Such is the tenor of these consultations, repeated day after day; the patient must be treated *secundum artem*, and nature is drove out of the house. Dr. Lettsom, in his little work on Drunkenness, tells us of a man that dropped a bit of sealing-wax into his dram-glass every time he drank, till he filled it, and by this means gradually got the better of his habit. Whatever truth may be in this narrative, surely neither Dr Lettsom or any other physician could be childish enough to imitate it; for there could be no danger in filling the glass at once, if the cure of the patient depended on that.

Again, are not habits of drunkenness more often produced by mental affections than corporeal diseases? I apprehend few people will doubt the truth of this. Does not the inebriate return to his potation rather to raise his spirits, and exhilarate the mind, than to support and strengthen the body? The diseases of the body, if unattended with dejection, have no need of vinous stimulus; and three-fourths of the human race recover daily from all the stages of debility without ever having recourse to it. With drunkards therefore my opinion is, and confirmed by much experience, that wine, malt liquor, and spirits, in every form, ought *at once* to be taken from them.

I have mentioned above the necessity of studying the patient's temper and character, that we may acquire his confidence. These will lead us to the particular cause, time, and place of his love of the bottle. The danger of continuing his career may be then calmly argued with him, and something proposed that will effectually wean his affections from it, and strenuously engage his attention. This may be varied according to circumstances, and must be left to the discretion of the physician.

JOSEPH PARRISH

INFLUENCE OF THE PASSIONS ON THE BODY, 1805

AN INAUGURAL DISSERTATION
ON
THE INFLUENCE OF THE PASSIONS
UPON
THE BODY,
IN
THE PRODUCTION
AND
CURE OF DISEASES:
SUBMITTED TO THE EXAMINATION
OF
JOHN ANDREWS, PROVOST, PRO TEM.
THE
TRUSTEES AND MEDICAL FACULTY
OF THE
UNIVERSITY OF PENNSYLVANIA,
FOR
THE DEGREE
OF
DOCTOR OF MEDICINE,
ON THE THIRD DAY OF THE SIXTH MONTH, 1805.

BY JOSEPH PARRISH,
OF PHILADELPHIA.

"Causa latet, vis est notissima."

PHILADELPHIA:
PRINTED FOR THE AUTHOR, BY KIMBER, CONRAD, & CO.
1805.

INDEX.

1. Introductory observations.
2. A brief definition of the passions.
3. Cases to prove their influence in the production of diseases.
4. Cases to prove their influence in the cure of diseases.
5. An attempt to prove that mental remedies are not so uncertain in their effects, as has been generally believed, many valuable articles in the Materia Medica, being in some instances very precarious in their operations, owing to idiosyncrasies.
6. An attempt to prove that fear is, under all circumstances, a sedative.
7. An attempt to reconcile the apparent contradictory effects of the stimulating passions on the same individual.
8. A brief explanation of the principles which ought to govern practitioners, in the application of mental remedies.
9. Consideration of particular diseases.
10. To conclude with a few observations on the influence of the will.

FIGS. 113 & 114 Title-page and 'Index' of *An inaugural dissertation on the influence of the passions upon the body, in the production and cure of diseases*, 1805 by Joseph Parrish.

The 'psychosomatic concept' [see Maynwaring 1667; Falconer 1788] saw in the passions or emotions the link between mind and body and so an important factor in causing and curing disease. Parrish attempted to place the therapeutic use of the passions such as joy, fear, anger, grief and hope on a more scientific footing by classifying them according to two main effects, 'viz., such as increase the force of the heart and arteries, and are consequently stimulant; and such as debilitate or depress them, producing a sedative effect'. Regarded in this way and applied by the same rules as 'in the exhibition of familiar medicines, viz. the dose must be varied, in proportion to the strength of the patient, and

urgency of the case', he considered they formed a group of 'mental remedies' no more 'uncertain and precarious in their operation' than many accepted 'articles in our Materia Medica', but like them also potentially 'a source of incalculable injury . . . when improperly introduced into the system'. As an instance Parrish quoted with approval that 'Dr. Falconer very properly advises, that patients labouring under haemoptoe, should not too suddenly be encouraged with assurances of safety, which have a tendency to accelerate the circulation and increase the disease'. On the contrary 'a certain degree of despondency may be of service in retarding the circulation . . . and allow time for the formation of a thrombus'.

A similar line of treatment was pursued almost to the bitter end by Johann Christian Reil (1759–1813), professor of medicine at the University of Halle and later Berlin whose anatomical studies of the brain are remembered eponymously in 'the island of Reil'. He speculated how the mental states of madmen could be altered by the physical effects wrought on their nervous system by violent onslaughts on the senses as by sudden firing of cannons or exciting strong fear by other means. Indeed his *Rhapsodien ueber die Anwendung der psychischen Curmethode auf Geisteszerruettung* (Halle 1805) was devoted to this subject. Perhaps because in the title he called it 'the psychical method of cure' such attempts have been regarded as the beginnings of psychotherapy whereas clearly they were unconcerned with matters of the mind but sought to exploit the bodily concomitants of strong emotion as a form of physical therapy.

JOSEPH MASON COX (1763–1818)

MD Leyden, specialist in insanity and best known of five generations of the Mason-Cox-Bompas family who owned one of the largest provincial private madhouses at Fishponds near Bristol in Gloucestershire

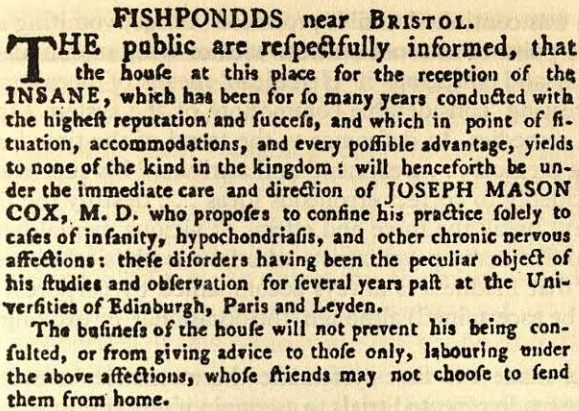
Practical observations on insanity; in which some suggestions are offered towards an improved mode of treating diseases of the mind . . . to which are subjoined, remarks on medical jurisprudence as connected with diseased intellect, 1806 *London, Baldwin & Murray* Second edition (pp. ix + 210) pp. 137-45, 170, 175-9

First published in 1804; third edition 1813; the Philadelphia reprint of 1811 was after Trotter's [*q.v.*] the second psychiatric treatise published in the United States

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Cox was the first regularly qualified physician and author of a treatise on insanity who studied medicine in order to specialise in mental diseases and graduated MD with a thesis on a psychiatric subject, *De mania*, 1787. In 1788 he returned from studies in Edinburgh, Paris and Leyden to take over the asylum known as 'Mason's Madhouse' which his grandfather Joseph Mason had established at nearby Stapleton in 1738 and removed to Fishponds in 1760 [see FIGS. 93 & 115]. There for the rest of his life he 'devoted himself exclusively and assiduously . . . to the care of maniacal patients'. After his death the house continued under his second cousin George Bompas, surgeon of Fishponds (incidentally brother of C. C. Bompas, QC, said to have been Dickens's model for Serjeant Buzfuz of *Pickwick Papers*, 1836/7), succeeded in 1847 by his son Joseph Carpenter Bompas, MB Lond., MRCS. In 1848 following complaints by patients and the discovery of irregularities of certification an enquiry was ordered by Gloucester Quarter Sessions to which John Conolly was called from London to give evidence. It was published as *The evidence taken on the inquiry into the management of the Fishponds Private Lunatic Asylum*, 1848 (Bristol, for Quarter Sessions), a substantial volume of nearly 800 pages and was the only printed public enquiry of such magnitude into the affairs of a single private madhouse. Bompas retired and the asylum which then contained more than fifty patients was carried on by other members of the family until it was taken over in 1852 by Dr J. D. F. Parsons who closed up and sold the premises in 1859.

To return to Cox's *Practical observations* which D. H. Tuke called 'the best medical treatise of the day on insanity' (*Chapters in the history of the insane in the British Isles*, 1882). The first edition of 1804 contained 174 pages and twenty case histories not only 'to illustrate the different modes of treatment adopted in



FISHPONDDS near BRISTOL.

THE public are reſpectfully informed, that the houſe at this place for the reception of the INSANE, which has been for ſo many years conducted with the higheſt reputation and ſucceſs, and which in point of ſituation, accommodations, and every poſſible advantage, yields to none of the kind in the kingdom: will henceforth be under the immediate care and direction of JOSEPH MASON COX, M. D. who propoſes to confine his practice ſolely to caſes of infanity, hypochondriaſis, and other chronic nervous affections: theſe diſorders having been the peculiar object of his ſtudies and obſervation for ſeveral years paſt at the Univerſities of Edinburgh, Paris and Leyden.

The buſineſs of the houſe will not prevent his being conſulted, or from giving advice to thoſe only, labouring under the above affections, whoſe friends may not chooſe to ſend them from home.

FIG. 115 Announcement by Joseph Mason Cox in *The Gloucester Journal* 25 August 1788 that having returned from medical studies at home and abroad he had taken over Fishponds Asylum and was available for domiciliary consultations (*Gloucester City Library*).

different forms of insanity' which had been the main object of Cox's contemporary Perfect's *Select cases*, 1787, but also 'to exhibit many striking and important facts connected with the history of mental derangement'. The second 'corrected and greatly enlarged' edition quoted here followed two years later with 212 pages, and the third still further enlarged to 231 pages in 1813. In the last Cox omitted the case histories in favour of more extensive discussion of treatment and 'much new matter . . . on the subject of Medical Jurisprudence as it relates to Insanity'. Incidentally the first edition of 1804 was the first treatise on insanity which figured this aspect on the title-page, and contained the first suggestion that certification should be by 'the joint opinion of two physicians' and in doubtful cases by 'a committee of an unequal number of respectable medical men'.

Cox's greatest influence with which posterity links his name was his popularising of swinging as a psychiatric treatment. It enjoyed a considerable vogue in the early decades of the nineteenth century [see FIGS. 118 & 131]. In 1828 G. M. Burrows reported 'The rotary machine is met with now in most British public asylums' but in a number 'it has fallen into disuse'. Cox had obtained the hint from Erasmus Darwin; it seemed a way of putting to therapeutic use Mead's observation that insanity and severe physical illness were mutually exclusive. 'Insanity' wrote Cox 'more than any other complaint, seems to take entire possession of the whole system, and almost secures it from morbid attacks. Mead . . . I believe was the first who made the observation, and no fact in medicine is more completely established', or so he fondly believed. 'From hence a degree of improvement has arisen in the *methodus medendi*, from the introduction of some new disease into the system of maniacs . . . a variety of means might be adopted to excite a new order of symptoms, creating considerable commotion in the animal economy, interrupting the morbid associations, and even occasioning temporary disease'. This was just what the swing did since the

rotary motion was continued until it produced vertigo, vomiting and circulatory collapse to the point of unconsciousness with or without convulsions. Cox saw in this a speedy and efficacious if 'Herculean' means of 'occasioning temporary disease' by creating 'considerable commotion' of the system superior to other anti-maniacal remedies. In deference to the trend of the time he called it both 'a moral and a medical . . . treatment' and attributed his successes with it to its 'tendency decidedly to correct erroneous ideas . . . destroy the links of morbid association, and break the force and effects of vicious mental habits'. Interestingly Cox also like many psychiatrists who favour physical treatments adhered to the belief 'that madness is always accompanied by corporeal disease' (even if this cannot be ascertained) although 'the occasional' or exciting 'cause may be mental'.

Finally Cox made the first systematic thermometric investigations on the insane: 'I have made repeated trials to ascertain if any thing peculiar takes place in the temperature of maniacs' he wrote to Thomas Beddoes in 1807 'and after very accurate observation, the result is, that the degree of heat is exactly similar to that of subjects in the highest health and sanity, when placed in the same circumstances and situations' (quoted by T. Beddoes in *Researches anatomical and practical concerning fever*, [1807]).

A HERCULEAN REMEDY: THE SWING

This is both a moral and medical mean in the treatment of maniacs. It may be employed in either the oscillatory or common, or the circulating form. The first, or oscillatory, is too generally known to require a description: the second, or circulating, is easily constructed by suspending a common Windsor chair to a hook in the ceiling, by two parallel ropes attached to the hind legs, and by two others passing round the front ones joined by a sliding knot, that may regulate the elevation of the patient when seated, who, besides being secured in a strait waistcoat, should be prevented from falling out of the chair by a broad leather strap, passed round the waist and buckled behind to the spars, while another strap to each leg may fasten it to the front ones of the chair. The patient thus secured, and suspended a few inches from the ground; the motion may be communicated by an attendant turning him round according to the degree of velocity required. But a more compleat rotatory swing may be very easily contrived, of which I cannot convey a more accurate idea than in the words of Dr. Darwin, with whom I believe the idea first originated. 'Let one end of a perpendicular shaft, armed with iron gudgeons, pass into the floor, and the other into a beam in the ceiling, with an horizontal arm, to which a small bed might be readily suspended'. To this perpendicular shaft a chair may be fixed, and the patient secured in it as above described . . . Thus by means of the chair or the bed, the patients may be circulated in either the horizontal or perpendicular position.

On persons in health these swings produce only the common effects; but in proportion to the degree of motion communicated, and sooner by

the circulating than by the oscillatory, and in the horizontal than in the perpendicular position. Independent of these more obvious effects in some maniacal cases, swinging, often repeated, has had the singular property of rendering the system sensible to the action of agents, whose powers it before resisted. One of its most valuable properties is its acting as a mechanical anodyne. After a very few circumvolutions, I have witnessed its soothing lulling effects, tranquillizing the mind and rendering the body quiescent; a degree of vertigo has often followed, which has been succeeded by the most refreshing slumbers; an object this the most desirable in every case of madness, and with the utmost difficulty procured . . .

The valuable properties of this remedy are not confined to the body, its powers extend to the mind. Conjoined with the passion of fear, the extent of its action has never been accurately ascertained; but I have no doubt it would afford relief in some very hopeless cases, if employed in the dark, where, from unusual noises, smells, or other powerful agents, acting forcibly on the senses, its efficacy might be amazingly increased. The employment of such Herculean remedies requires the greatest caution and judgment, and should never be had recourse to but in the immediate presence of the physician . . . In every case it appeared that suddenly stopping the machine, when in full gyration, occasioned a very violent shock both to mind and body . . . I have sometimes seen a patient almost deprived of his locomotive powers, by the protracted action of this remedy, who required the combined strength and address of several experienced attendants to place him in the swing, from whence he has been easily carried by a single person; the most profound sleep has followed, and this has been succeeded by convalescence and perfect recovery, without the assistance of any other mean. One of the most constant effects of swinging is a greater or less degree of vertigo, attended by pallor, nausea, vomiting, and frequently by the evacuation of the contents of the bladder . . . and . . . an obvious change in the circulation . . . these changes necessarily result from an impression made on those organs of sensibility, the brain and nervous system, and prove that the remedy acts on the seat of the disease; though the proximate cause cannot be satisfactorily ascertained.

As vomiting has been long esteemed among the most successful remedies in madness, if the swing produced only this effect, its properties would be valuable; but though it can be employed so as to occasion the mildest and most gentle effects, yet its action can be so regulated as to excite the most violent convulsions of the stomach, with the agitation and concussion of every part of the animal frame; thus rendering the finest system of vessels pervious, or, in other words, removing obstructions, and altering the very nature and quality of the secretions.

The impression made on the mind by the recollection of its action on the body is another very important property of the swing, and the physician will often only have to threaten its employment to secure compliance with

his wishes, while no species of punishment is more harmless or efficacious . . . I now find that the perpendicular position is best calculated for violent cases, and the horizontal for opposite ones, and that in both the motion should be communicated in the most gradual way, and be progressively increased to the degree of velocity required . . . Perhaps it would be too much to say that every mean employed for the removal of mental diseases, whether moral or medical, when successful, relieves by introducing some important change into the general system; but certain it is, that if any considerable commotion, any violent, new, action can be excited in maniacal complaints, by whatever means, the mental derangement is often considerably relieved if not permanently removed; thus small-pox has dissipated the most obstinate melancholia . . . Itch, too, has been known to bring about the same happy effect . . .

As diseases of the intellectual faculties often follow repelled eruptions drying up of old sores, habitual drains, &c. it is reasonable to expect advantage from the re-establishment of these, and perhaps there is no more manageable or efficacious mode of exciting new eruptions than . . . chrystalized emetic tartar, reduced to an impalpable powder and applied to any part of the surface, though it has succeeded best when rubbed on the newly shaved scalp, where a smaller or larger crop of eruptions, very similar to those of small-pox, may be speedily excited. Blisters, issues, setons, &c. will be proper substitutes for the old drains. Independent of the other valuable properties of fox-glove, tobacco, and similar medicines, may we not reasonably impute much of their antimaniacal power to the distressing affections they occasion in the stomach? in fact, to their excitement of a species of new disease in the system.

SIR CHARLES BELL

THE PICTURE OF MADNESS, 1806

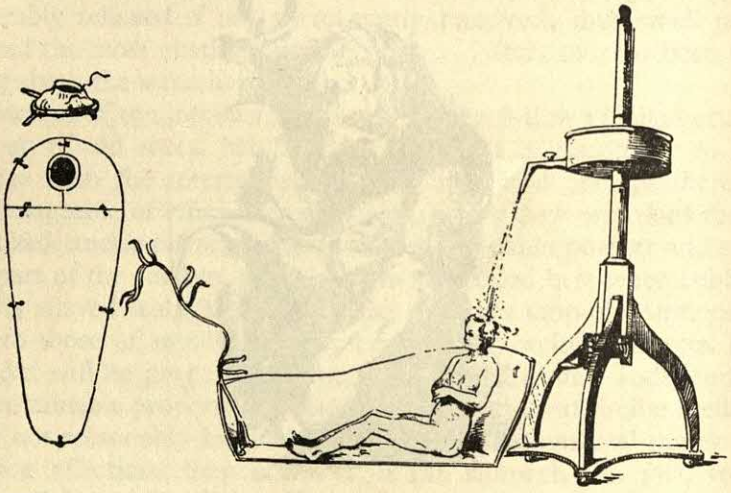


FIG. 116 'Madness', a sketch by Sir Charles Bell from his *Essays on the anatomy of expression in painting*, 1806 (London, Longman *et al.*).

In this book which he illustrated himself Bell attempted 'to lay the foundation for studying the influence of the mind upon the body . . . deduced from the structure of man, and the comparative anatomy of animals'. The original called 'moody madness' was drawn 'on a theory' but modified into its final form after a visit to Bethlem Hospital in July 1805. It is an impressive record of what at that time was 'the prevailing character and physiognomy of a madman' and together with Bell's description ('the violence of a madman arises from fear') drives home forcibly the effects of harsh and repressive treatment and restraint and how these produced violent patients and raving lunatics, a notion of typical insanity unfortunately left in the public mind long after the system which produced such patients ceased to exist. Incidentally 'These Essays' wrote Bell's widow in the preface to the third edition now entitled *The anatomy and philosophy of expression as connected with the fine arts*, 1844, 'formed the earliest and the latest occupation of the lamented author's leisure hours'. And his brother G. J. Bell added that it was 'in tracing the causes of movements in the countenance and in the frame of the body under the influence of passion or emotion' that Bell 'engaged in a very careful inquiry into the origin, course, and destination of the nerves' which led to his discoveries in the nervous system. The book was popular for a hundred years and last re-issued in 1904.

SIR ALEXANDER MORISON

THE DOUCHE AND THE ROTATORY MACHINE, 1828



FIGS. 117 & 118 Drawings of contraptions for administering two favourite physical treatments 'the Douche' and 'Rotatory Machine . . . which may be erected at little expence, and by any intelligent carpenter', from Sir Alexander Morison's *Cases of mental disease, with practical observations . . . For the use of students*, 1828 (London, Longman & Highley), with 'Explanation of the Plates'.

In visiting private asylums for the insane, I have had frequent occasion to observe, that the difficulty of procuring proper machines for administering the Douche and Rotatory Motion, has prevented medical men, having patients under their care, to whom these remedies might have been beneficial, from making a trial of them. I have therefore thought it may be useful to give drawings of Machines for each of the above purposes, which may be erected at little expence, and by any intelligent carpenter.

The first Plate gives a view of the different parts of an apparatus for giving the Douche, consisting of a bucket, from which a stream of water is made to fall on the head of the patient from different heights, regulated by a rope and pully, – by the cock inserted into the lower part of the bucket, the size of the stream is regulated; in this Plate is likewise exhibited a perpendicular section of a warm bath, with the position of the patient in it,

– form of spring-straps to fasten him, if necessary, – the cover of the bath, with space for the patient's neck, and a wax-cloth tippet to carry off the cold water.

In the second Plate, the form of a Rotatory Machine is given, consisting of two perpendicular posts, connected by two transverse beams, – a strong armchair, with straps to secure the patient, and four ropes attached to it, and kept apart above by a perforated piece of wood, to prevent their being entangled; the chair is made to turn by ropes and pulleys, moved by a small wheel; the position of the patient may be rendered more or less upright, by adjusting the length of the ropes by which the chair is suspended, or by cushions fixed in it.

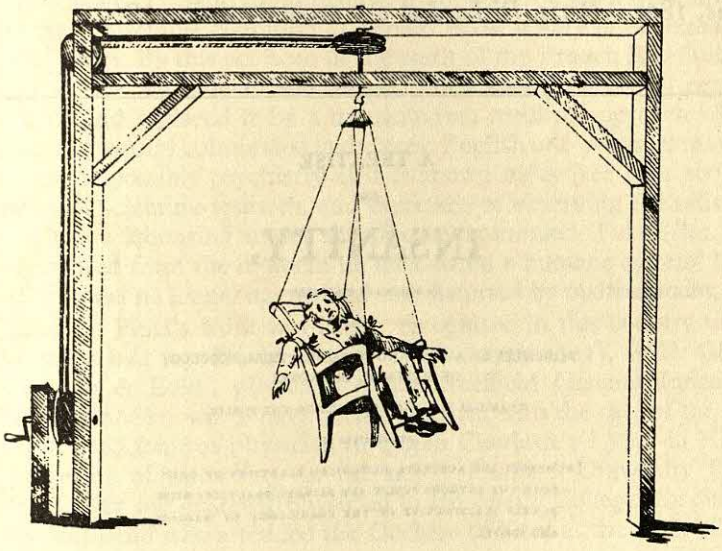


FIG 118

PHILIPPE PINEL (1745–1826)

MD Toulouse, physician to Belhomme's private asylum; to the Bicêtre 1793–5, and the Salpêtrière 1795–1826; professor of hygiene, later of pathology, Ecole de Médecine, Paris; consulting physician to Napoleon; 'Member of many learned Societies'

A treatise on insanity . . . translated from the French, by D. D. Davis, 1806 *Sheffield, Cadell & Davies* (pp. lvi +288) pp. 3-5, 8-10, 14-6, 63-5, 86-7, 89-91, 107-9

First published as *Traité médico-philosophique sur l'aliénation mental, ou la manie*, 1801 *Paris, Richard* et al.; second edition 1809

A TREATISE

ON

INSANITY,

IN WHICH ARE CONTAINED

THE

PRINCIPLES OF A NEW AND MORE PRACTICAL NOSOLOGY OF MANIACAL DISORDERS

THAN HAS YET BEEN OFFERED TO THE PUBLIC,

EXEMPLIFIED BY

NUMEROUS AND ACCURATE HISTORICAL RELATIONS OF CASES FROM THE AUTHOR'S PUBLIC AND PRIVATE PRACTICE: WITH PLATES ILLUSTRATIVE OF THE CRANIOLOGY OF MANIACS AND IDEOTS.

BY PH. PINEL,

PROFESSOR OF THE SCHOOL OF MEDICINE AT PARIS,

Senior Physician to the Female National Asylum la Salpêtrière, late Physician to the Asylum de Bicêtre, and Member of many learned Societies.

TRANSLATED FROM THE FRENCH,

BY D. D. DAVIS, M. D.

PHYSICIAN TO THE SHEFFIELD GENERAL INFIRMARY.

SHEFFIELD:

PRINTED BY W. TODD,

FOR MESSRS. CADELL AND DAVIES, STRAND, LONDON.

1806

FIG. 119 Title-page of the English translation, 1806, of Philippe Pinel's *Traité médico-philosophique sur l'aliénation mentale, ou la manie*, Paris 1801.

The question which books were translated, when and into what languages would make an interesting study for a historian of medicine for neither the value of the work as assessed by contemporaries nor in retrospect in the light of subsequent developments was always the determining factor. Not even works of immediately acknowledged importance were promptly translated – Eugen Bleuler's *Dementia Praecox oder Gruppe der Schizophrenien*, 1911 (Leipzig) for instance appeared in English nearly forty years later by when his concept of 'schizophrenia' or 'split mind' had long been a household word. Pinel was more fortunate because his message to free the insane from oppression and brutality found an echo in the minds and hearts of all who were concerned with social and humanitarian reforms and there were many in early nineteenth century England. He appealed because in the wake of *Liberté, Egalité, Fraternité*, he struck the chains off the insane confided to his care at the Bicêtre on that historic day in October 1793, as D. H. Tuke wrote, not 'in direct consequence of his medical knowledge of insanity, but mainly, if not entirely, from the compassion he felt for their miserable condition' (*Chapters in the history of the insane in the British Isles*, 1882). By this act born of the spirit of the French Revolution and symbolic of a new attitude to the insane, Pinel abolished brutal repression [see FIG. 116] and replaced it by a humanitarian medical approach which in mid-nineteenth century culminated in the great English non-restraint movement and which made possible psychiatry as it is known today [see FIG. 200]. 'The opportunities of scientific research, and especially of observing the satisfactory progress of those labouring under the disease' continued Tuke (*ibid.*) 'were greatly augmented from the moment he introduced a humane system' because their condition was no longer aggravated and distorted by maltreatment.

The import of Pinel's work was hardly recognised in this country until his book was translated by David Daniel Davis (1777–1841), MD Glasgow, LRCP London & Edin., physician to the Sheffield General Infirmary, a remarkable man not known to have been concerned with the care of the insane, who later achieved fame as physician to Queen Charlotte's Lying-in Hospital, became professor of midwifery in the newly founded University College, London from 1827 and obstetric physician to University College Hospital from 1834 to his death and who attended the Duchess of Kent at the birth of Queen Victoria.

Pinel's book is distinguished also for his attempt to apply scientific principles to psychiatric observations in place of the customary speculation and theorising. As Beddoes (1803) who first appreciated it in this country noted it is 'a collection of facts' of a kind which will 'retain their value longer than many attempts at a subtler investigation of the subject'. Indeed Pinel did not intend to write a textbook or a sustained discourse remarking that 'it has always been more easy to compile than to observe; to indulge in fruitless theory, than to establish positive facts'. Rather he strung together his experiences under the powerful influence of regarding the insane as mentally sick human beings. It was in fact the largest collection up to that time of practical facts gathered from experience of the largest number of patients in one hospital – there were as many as 800 lunatics at the Bicêtre. Its message was to show how much could be achieved not only in the management of patients but also in their cure by individualised moral treatment in place of routine coercion by hunger and cold, chains and stripes, and the formidable bleedings and physicking of former times. As Davis

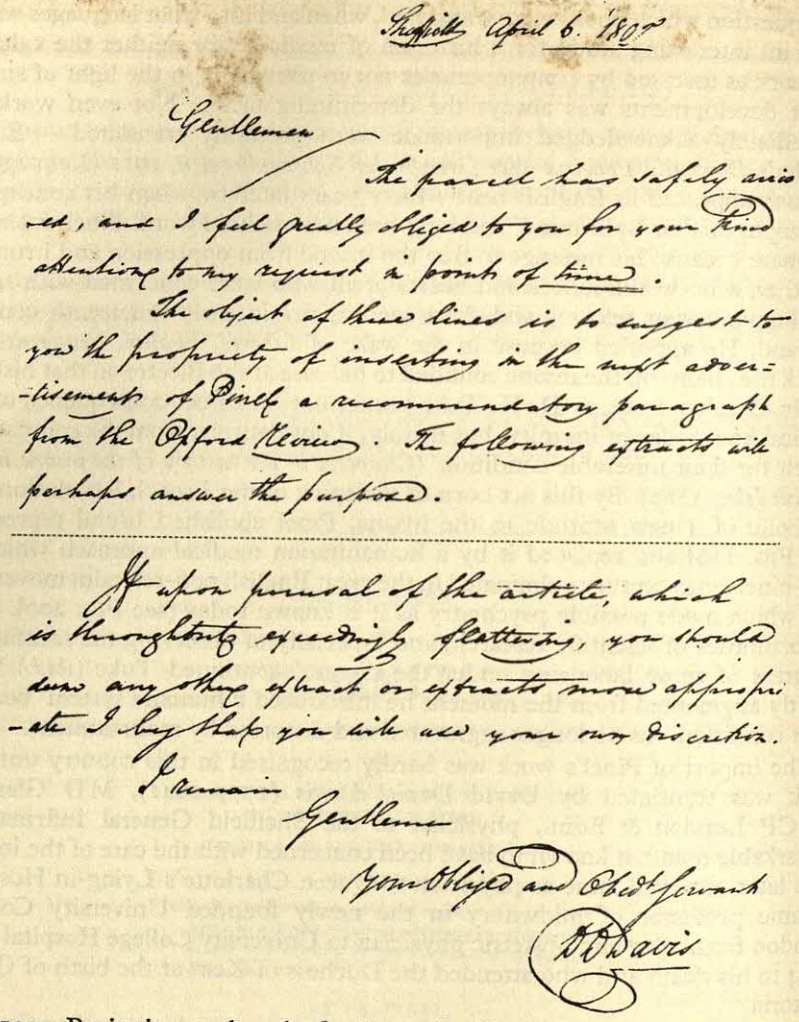


FIG. 120 Beginning and end of a letter by D. D. Davis to his publishers Messrs. Cadell & Davies suggesting 'the propriety of inserting in the next advertisement of Pinel a recommendatory paragraph from the *Oxford Review*' and enclosing extracts from it, April 1807.

rightly noted in his introduction 'The inestimable importance of moral management is the great key note sounded by the present author almost in every subdivision of his treatise'. Pinel himself wrote in his opening chapter: 'On my entrance upon the duties [at the Asylum de Bicêtre] every thing presented to me the appearance of chaos and confusion. Some of my unfortunate patients laboured under . . . desponding melancholy. Others were . . . subject to . . . a perpetual delirium. Some . . . were occasionally agitated by . . . maniacal fury; while those of another class were sunk into a state of stupid ideotism . . . Symptoms so different, and all comprehended under the general title of insanity', he exclaimed almost in despair and 'therefore, resolved to . . . notice

successively every fact, without any other object than that of collecting materials for future use; and to endeavour . . . to divest myself of the influence, both of my own prepossessions and the authority of others . . . The facts . . . thus collected are now submitted to the consideration of the public'.

The book is divided into six sections: 'I. *Periodical or intermittent insanity*', 'the most common form of the disease', under which he included patients who 'are constantly rivetted to one leading idea' while on other subjects they may reason 'with great pertinence and accuracy' – hence he named it '*folie raisonnante*'. 'II. *The moral treatment of insanity*' which 'alone will, frequently, not only lay the foundation of, but complete a cure'. This fact 'gives great weight to the supposition, that, in a majority of instances, there is no organic lesion of the brain'. He examined closely the writings of 'English physicians' since they 'give themselves credit for a great superiority of skill' in 'moral treatment'. Among them he singled out the account of the York Retreat which had appeared in *Bibliothèque Britannique*, 1798 (Geneva) for its 'pure and elevated principles of philanthropy . . . applied with great felicity to the moral treatment of insanity' although wrongly placing it in Scotland and erroneously attributing the article to Dr Thomas Fowler, its first physician. Subsections have titles such as 'A case of insanity, in which it is probable that moral treatment would have been attended with success', in which he detailed 'a case of insanity unsuccessfully treated' in pursuance of his avowed policy of 'Candour in the exposition of facts'; 'The treatment of maniacs to be varied according to the specific character of their hallucinations'; and so on. 'III. *Of malconformation of the skulls of maniacs and ideots*'. Here Pinel considered among others the question 'Does insanity depend upon organic lesions of the brain?' and recounted that in one postmortem he had 'found a steatomatous tumor about the size of a pullets egg in the middle of the right lobe of the brain: but the disease in that instance was not insanity but hemiplegia. What a field would have opened for hypothesis . . . had this person been likewise affected with insanity? But, also, what an additional motive for circumspection and reserve in deciding upon the physical causes of mental alienation?' 'IV. *Mental derangement distributed into different species*'. Pinel used the simple classification: 'Melancholia, or delirium upon one subject exclusively', 'Mania without delirium', 'Mania with delirium', 'Dementia' and 'Ideotism'. 'V. *The importance of an enlightened system of police for the internal management of lunatic asylums*'. And lastly 'VI. *Of the medical treatment of insanity*'. In this he warned 'Attaching, as I do, little importance to pharmaceutic preparations, and all-sufficiency in curable cases to physical and moral regimen, I intend not to devote many of my pages to the exclusive consideration of drugs and medicaments'. Besides he wished to advance clinical study of 'maniacal diseases' and their natural history in the spirit of scientific observation and this had always been neglected with every wave of popularity of drug treatment. Taking hellebore as his example he maintained that the 'unfounded theories and superstitious fancies' which were built around it had for centuries retarded the progress of psychiatry: 'The history and distinctions of the disease were neglected through excessive and infatuated attention to the remedy'.

While Pinel condemned the old system of routinely 'abandoning the patient to his melancholy fate, as an untameable being, to be immured in solitary durance, loaded with chains, or otherwise treated with extreme severity, until

the natural close of a life so wretched shall rescue him from misery', it must not be concluded that he was against restraint and coercion in principle, for under '*Moral Treatment*' he detailed 'The estimable effects of coercion illustrated in the case of a soldier' and 'The advantages of restraint upon the imagination of maniacs'. To him these were legitimate means of asserting the physician's moral ascendency over his patient in order to further a cure: he should 'use mildness . . . or firmness as occasion may require, – the bland arts of conciliation, or the tone of irresistible authority pronouncing an irreversible mandate'. If this approach failed the patient was punished by confinement and by being put into the '*gilet de force*', the strait-waistcoat, always however allowing 'every maniac all the latitude of personal liberty consistent with safety'. Pinel had made the fundamental observation which has repeatedly been made and restated whenever any form of restriction or restraint has been abolished, namely that there is a direct relation between how patients behave and how they are treated and that interference and oppression breed violence: 'When the furious and extravagant maniacs were perpetually chained down in their cells, as they were when I entered on the duties of . . . [my] office, they were incessantly and ravingly agitated; cries, howlings and tumults echoed, at all hours, throughout the melancholy mansion. But since the strait-waistcoat has been substituted for chains, and limited liberty for absolute confinement; the exhalation of their harmless effervescence during the day, has at night been succeeded by a state of comparative calmness and tranquility'. It remained for Gardiner Hill [*q.v.*] in 1837 to set himself the task 'to complete that which Pinel began', and John Conolly [*q.v.*] from 1839 on to demonstrate on a large scale, that all coercive and repressive measures could be abandoned in an asylum in which moral treatment was developed to its ultimate potential.

Throughout the book Pinel paid homage to the help and guidance he had received from the vastly experienced 'governor' of the Bicêtre, Jean-Baptiste Pussin (1746–1809?) who with his wife held equivalent posts as Mr and Mrs Dunston, Master and Matron did at St Luke's Hospital, and Mr and Mrs George Jepson, 'Superintendents' of the male and female departments at the York Retreat, and played an equally vital part in the success of the new system. So happy and indispensable was the partnership between the physician and his head nurses that in 1802 the Pussins followed Pinel to the Salpêtrière.

INSANITY WITHOUT CHAINS

Few subjects in medicine are so intimately connected with the history and philosophy of the human mind as insanity. There are still fewer, where there are so many errors to rectify, and so many prejudices to remove. Derangement of the understanding is generally considered as an effect of an organic lesion of the brain, consequently as incurable; a supposition that is, in a great number of instances, contrary to anatomical fact. Public asylums for maniacs have been regarded as places of confinement for such of its members as are become dangerous to the peace of society. The managers of those institutions, who are frequently men of little knowledge and less humanity, have been permitted to exercise towards their innocent

prisoners a most arbitrary system of cruelty and violence; while experience affords ample and daily proofs of the happier effects of a mild, conciliating treatment, rendered effective by steady and dispassionate firmness. Availing themselves of this consideration, many empirics have erected establishments for the reception of lunatics, and have practiced this very delicate branch of the healing art with singular reputation. A great number of cures have undoubtedly been effected by those base born children of the profession; but, as might be expected, they have not in any degree contributed to the advancement of science by any valuable writings. It is on the other hand to be lamented, that regular physicians have indulged in a blind routine of inefficient treatment, and have allowed themselves to be confined within the fairy circle of antiphlogisticism, and by that means to be diverted from the more important management of the mind. Thus, too generally, has the philosophy of this disease, by which I mean the history of its symptoms, of its progress, of its varieties, and of its treatment in and out of hospitals, been most strangely neglected . . . It has always been more easy to compile than to observe; to indulge in fruitless theory, than to establish positive facts. Authors, therefore, without number, both ancient and modern, have acquitted themselves in a manner worthy of this inglorious facility, and have been ever writing what their predecessors had written before them. The particular histories, which we meet with in different works, are chiefly remarkable for a few unconnected facts which they detail. The important method of descriptive history has been too much neglected. The great object of the physician and the author has almost uniformly been to recommend a favourite remedy, as if the treatment of every disease, without accurate knowledge of its symptoms, involved in it neither danger nor uncertainty.

Circumstances favourable to the Author's Researches. The Asylum de Bicêtre, which was confided to my care during the second and third years of the republic [1793–5], widened to a vast extent the field of enquiry into this subject, which I had entered upon at Paris, several years previous to my appointment. The storms of the revolution, stirred up corresponding tempests in the passions of men, and overwhelmed not a few in a total ruin of their distinguished birthright as rational beings. The local disadvantages of the hospital, perpetual changes in the administration of public affairs, and the difficulty of obtaining a variety of means that might have conduced to its prosperity, were circumstances that frequently perplexed but were never allowed to dishearten me. For these serious inconveniences, I found ample amends in the zeal, the humanity, and intelligence of the keeper; a man of great experience in the management of the insane, and every way calculated to maintain order in the hospital. The advantages, which I have derived from this circumstance, will stamp a greater value upon my observations in the present treatise, than any attempts to discover or establish new remedies. For, in diseases of the mind, as well as in all other ailments, it is an art of no little importance to administer medicines

properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them.

The Character of Maniacal Paroxysms not depending upon exciting Causes, but upon the Constitution. To believe that the different species of insanity depend upon the particular nature of its causes, and that it becomes periodical, continued or melancholic, according as it may have originated from unfortunate love, domestic distress, fanaticism, superstition, or interesting revolutions in the state of public affairs, would be, to fall into a very great error. My experience authorizes me to affirm, that there is no necessary connection between the specific character of insanity, and the nature of its exciting cause. Among the cases of periodical mania, which I have seen and recorded in my journals, I find some which originated in a violent but unfortunate passion; others in an ungovernable ambition for fame, power or glory. Many succeeded to reverses of fortune; others were produced by devotional phrenzy; and others by an enthusiastic patriotism, unchastened by the sober and steady influence of solid judgement. The violence of maniacal paroxysms appears, likewise, to be independent of the nature of the exciting cause; or to depend, at least, much more upon the constitution of the individual, – upon the different degrees of his physical and moral sensibility . . . I cannot here avoid giving my most decided suffrage in favour of the moral qualities of maniacs. I have no where met, excepting in romances, with fonder husbands, more affectionate parents, more impassionate lovers, more pure and exalted patriots, than in the lunatic asylum, during their intervals of calmness and reason. A man of sensibility may go there every day of his life, and witness scenes of indescribable tenderness associated to a most estimable virtue.

Intimidation too often associated with Violence. We are informed by Dr. Gregory, that a farmer, in the North of Scotland, a man of Herculean stature, acquired great fame in that district of the British Empire, by his success in the cure of insanity. The great secret of his practice consisted in giving full employment to the remaining faculties of the lunatic. With that view, he compelled all his patients to work on his farm. He varied their occupations, divided their labour, and assigned to each, the post which he was best qualified to fill. Some were employed as beasts of draught or burden, and others as servants of various orders and provinces. Fear was the operative principle that gave motion and harmony to this rude system. Disobedience and revolt, whenever they appeared in any of its operations, were instantly and severely punished.

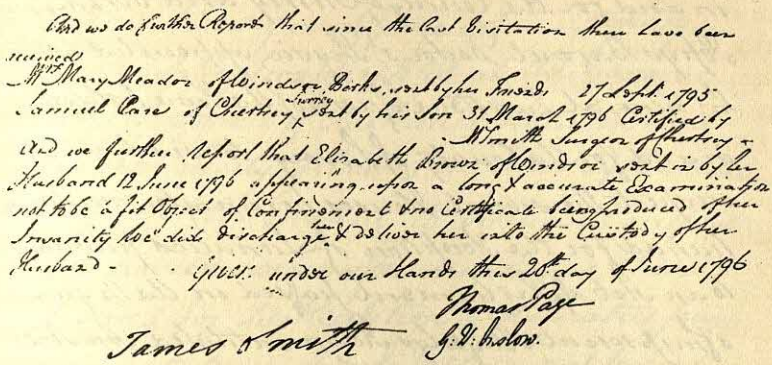
Violent Paroxysms of Insanity are generally the least dangerous. In periodical mania, as in other acute diseases, the apparent violence of the symptoms is often less to be dreaded than a deceitful calm, – the forerunner frequently of tempestuous passions or other more durable indispositions. It is a general property of such paroxysms as are distinguished by more than usual extravagance, to diminish gradually in their intensity, until at length no vestiges of their influence are to be traced, either in the conduct or in

the state of the feelings. A maniac, under the influence of the most outrageous fury, shall be guilty of every extravagance, both of language and action; – his excitement shall continue for several months; – a dose or two of antispasmodics shall serve to calm the tumult, and even to produce a total cessation, at least, of the most violent symptoms: but, we likewise know, that a certain and permanent cure may be obtained by what the French call the method of expectation, which consists solely in delivering up a maniac to the efforts of unassisted nature. His tumultuous effervescence is allowed upon this plan to subside by evaporation, and no more coercion is employed than what is dictated by attention to personal safety. For this purpose the strait-waistcoat will be generally found amply sufficient.

A limited Degree of Liberty recommended. In lunatic hospitals, as in despotic governments, it is no doubt possible to maintain, by unlimited confinement and barbarous treatment, the appearance of order and loyalty. The stillness of the grave, and the silence of death, however, are not to be expected in a residence consecrated for the reception of madmen. A degree of liberty, sufficient to maintain order, dictated not by weak but enlightened humanity, and calculated to spread a few charms over the unhappy existence of maniacs, contributes, in most instances, to diminish the violence of the symptoms, and in some, to remove the complaint altogether. Such was the system which the governor of Bicêtre endeavoured to establish on his entrance upon the duties of his present office . . . Cruel treatment of every description, and in all departments of the institution, was unequivocally proscribed. No man was allowed to strike a maniac even in his own defence. No concessions however humble, nor complaints nor threats were allowed to interfere with the observance of this law. The guilty was instantly dismissed from the service. It might be supposed, that to support a system of management so exceedingly rigorous, required no little sagacity and firmness. The method which he adopted for this purpose was simple, and I can vouch my own experience for its success. His servants were generally chosen from among the convalescents, who were allured to this kind of employment by the prospect of a little gain. Averse from active cruelty from the recollection of what they had themselves experienced; – disposed to those of humanity and kindness from the value, which for the same reason, they could not fail to attach to them; habituated to obedience, and easy to be drilled into any tactics which the nature of the service might require, such men were peculiarly qualified for the situation.

The Physical and Moral Qualities essential to the Successful Management of Lunatic Asylums. I have given a sufficient number of examples to illustrate the importance which I attach to the moral treatment of insanity. The credit of this system of practice has been hitherto almost exclusively awarded to England. Though it be a department of experimental medicine that is least understood, I trust, that what has been advanced in this section will rescue France from the imputation of neglecting it. For my ability to

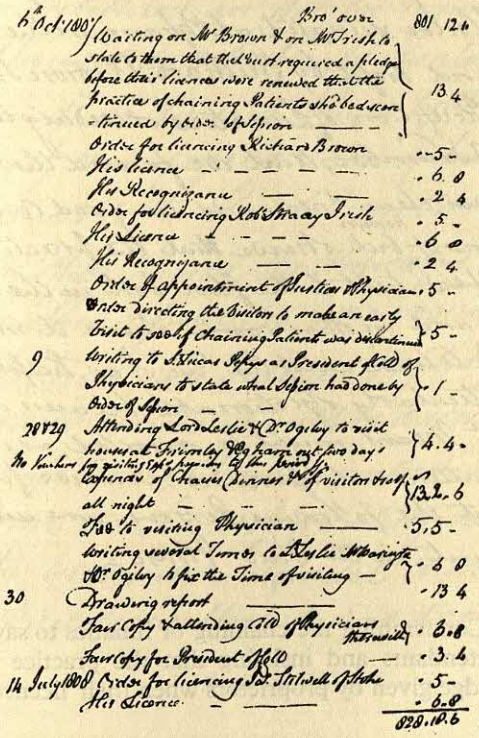
use, with any degree of propriety, this language of competition, I am indebted to a fortunate concurrence of circumstances. Among these may be first enumerated, the eminent qualities, both of body and mind, of the governor of the Asylum de Bicêtre. He possesses the principles of a pure and enlightened philanthropy. His attention to the arduous duties of his office is indefatigable. His knowledge of human life and of the human heart is accurate, extensive, and easily applied to the frequent and urgent demands that are made upon it . . . Acting in concert with a gentleman of such a character, I had great opportunities afforded me of deriving from my situation every possible professional advantage. Of the knowledge to be derived from books on the treatment of insanity, I felt the extreme insufficiency. Desirous of better information, I resolved to examine for myself the facts that were presented to my attention; and forgetting the empty honours of my titular distinction as a physician, I viewed the scene that was opened to me with the eye of common sense and unprejudiced observation. I saw a great number of maniacs assembled together, and submitted to a regular system of discipline. Their disorders presented an endless variety of character: but their discordant movements were regulated on the part of the governor by the greatest possible skill, and even extravagance and disorder were marshalled into order and harmony. I then discovered, that insanity was curable in many instances, by mildness of treatment and attention to the state of the mind exclusively, and when coercion was indispensible, that it might be very effectually applied without corporeal indignity. To give all their value to the facts which I had the opportunity of observing, I made it an object of interest to trace their alliance with the functions of the understanding. To assist me in this enquiry, I attentively perused the best writers upon modern pneumatology, as well as those authors who have written on the influence of the passions upon the pathology of the human mind. The laws of the human economy considered in reference to insanity as well as to other diseases, impressed me with admiration of their uniformity, and I saw, with wonder, the resources of nature when left to herself, or skillfully assisted in her efforts. My faith in pharmaceutic preparations was gradually lessened, and my scepticism went at length so far, as to induce me never to have recourse to them, until moral remedies had completely failed. The success of this practice gives new support, were it necessary, to the following maxim of Dr. Grant: 'We cannot cure diseases by the resources of art, if not previously acquainted with their terminations, when left to the unassisted efforts of nature'.



And we do further Report that since the last Visitation there have been
received
Mrs Mary Meador of Windsor Berks was brought to Surrey 27th Sept. 1795
Samuel Pare of Chertsey Surrey was brought by his Son 31st March 1796 Certified by
Wm Wells Surgeon of Chertsey
And we further Report that Elizabeth Brown of Windsor was brought by her
Husband 12 June 1796 appearing upon a Long Examination
not to be a fit Object of Confinement & the Certificate being produced of her
Insanity We did discharge & deliver her into the Custody of her
Husband
Given under our Hands this 20th day of June 1796

Thomas Page
James Smith J.P. Windsor

FIG. 121 (a) The visiting justices and physician discharging a patient whom they considered not insane, 1796.



		Bro' over	801 12 4
6th Oct 1807	Waiting on Mr Brown & on Mr Trish to state to them that the Court required a pledge before their Licences were renewed that the practice of chaining Patients should be discontinued by Order of Sessions		13 4
	Order for Licencing Richard Brown		-5-
	His Licence		6 0
	His Recognizance		2 4
	Order for Licencing Rob't Macay Irish		5-
	His Licence		6 0
	His Recognizance		2 4
	Order & Appointment of Justices & Physician		5-
	Order directing the Bottom to make an easy Visit to see if Chaining Patient was discontinued		5-
9	Writing to Sr Lucas Pepys as President of Sh Physicians to state what Sessions had done by Order of Sessions		1-
28 29	Attending Lord Leslie & Dr Ogilby to visit houses at Frimley 29 hours out two days		4 4 -
No Number	for visiting Sick & Lunatics by the Grand Expences of Chaises Drivers & of visiting those all night		13 2 6
	Fee to visiting Physician		5 5 -
	Visiting several Times to Dr Leslie & Mr Ogilby & for the Time of visiting		6 0
30	Drawing report		13 4
	Fair Copy & attending 2d Physicians thereunto		3 8
	Fair Copy for President Sh Hold		3 4
14 July 1808	Order for Licencing Sr Stilwell of Stoke		5-
	His Licence		6 8
			828 10 6

FIG. 121 (b) The Clerk of the Peace's accounts showing details of the administration of the Act and the expenses incurred, 1807–8.

We the Reverend Gilbert Buchanan Doctor of Laws one of his Majesty's Justices of the Peace in and for the County of Surrey and Sir Lucas Pepys Baronet Doctor of Physic appointed at the General Quarter Sessions of the Peace holden in and for the County of Surrey to visit and inspect the several Houses hereinafter mentioned licensed for the Reception of Lunatics pursuant to an Act of Parliament passed in the 14th year of this present Majesty's Reign intituled An Act for regulating Madhouses do report that we have this day visited a House called Great Foster House situated at Egham in the said County and kept by Richard Brown Surgeon for the Reception of Lunatics exceeding the number of Number, that we found the said House was clean & neat and in good condition, ~~but~~ however we cannot but observe that the practice of chaining the Patients to the floor both in the bed Chamber and in other rooms where it may not be safe to leave out of the Eye of a Keeper, seems particularly objectionable because other less violent Means might be resorted to as well as more attendants provided - and we further report that the following Persons are under confinement in the said House -

FIG. 121 (c) & (d) Condemning the chaining of lunatics to save the expense of employing more attendants and insisting that the practice be discontinued according to the pledge given by proprietors when their licences were renewed by Sessions, 1807.

We the right Honble George Evelyn Leslie
commonly called Lord Leslie one of his
Majesty's Justices of the Peace in and for the
County of Surrey and George John — Ogilby
Doctor of Physic appointed at the General
Quarter Session of the Peace holden in and
for the County of Surrey on Tuesday the sixth
day of October instant to visit and inspect
the Houses herein after mentioned there
licensed for the Reception of Lunatics pur-
suant to an Act of Parliament passed
in the fourteenth year of his present Majesty's
Reign intituled an Act for regulating
Madhouses do report that Representation having
been made to the said Session by the former
Visitors of the improper Practice of chaining
the Patients to the Floor both in the Bed Chambers
and in other Rooms, the Proprietors of the
Houses where it prevailed were required before
their Licences were renewed to pledge themselves
that such Practice should be discontinued
and the Staples and Chains removed within one
Week from the Time of granting such Licence
and the Visitors were requested to make an
early Visit to see that it was done, We there-

FIG. 121 (d)

JAMES PARKINSON (1755–1824)

MRCS, medical practitioner of Hoxton, London; palaeontologist; political pamphleteer

1. *Observations on the excessive indulgence of children, particularly intended to show its injurious effects on their health, and the difficulties it occasions in their treatment during sickness*, 1807 *London, Symonds* et al. pp. 1-5
2. *Mad-houses. Observations on the Act for regulating mad-houses, and a correction of the statements of the case of Benjamin Elliott, convicted of illegally confining Mary Daintree; with remarks addressed to the friends of insane persons*, 1811 *London, Sherwood* et al. (pp. viii+48) pp. 9-17, 20-21, 30

The name of Parkinson, one of the most versatile of medical men, is known universally since in honour of his monograph *An essay on the shaking palsy* (London, 1817) Charcot named paralysis agitans 'maladie de Parkinson'. As a busy practitioner he doubtless saw many sick children and this led him to record his observations on 'the improper indulgence of children' from which an extract is quoted here (they first appeared annexed to the second edition of his *Medical admonitions addressed to families*, 1799). He had noticed that spoilt children 'in the hour of sickness' sometimes exhibited such 'distressing unmanageableness' under the 'influence of their unconquerable tempers' as to frustrate 'every well-contrived measure for their amendment'; quite apart from the danger that when they grew up 'they must soon fall, censured, but little lamented victims of their own ungovernable passions'. This therefore was no moral or educational tract but a practical guide to 'the duties of parents to their children' especially 'in the infantine stage' based on the experience of a wise family doctor. Much of what Parkinson wrote may be read today in books on child psychology in terms of 'over-protection' and 'ambivalence', while his conclusion that '*the temper of a child is formed in the early days of infancy*' is also in keeping with modern teaching.

For many years Parkinson was visiting physician to a private madhouse which grew from humble beginnings in 1792 to a flourishing concern with three separate houses in 1807 and 118 patients in 1819. This was Holly House in Hoxton [see FIG. 123] founded by one John Burrows and continued after his death in 1799 by his widow Mrs Esther Burrows and his son George William. It was in November 1807 when Parkinson was called to certify a patient, Mrs Daintree who had been admitted at the request of her nephew – improperly it must be stated without an order from a physician, surgeon or apothecary as the Act of 1774 directed – that the train of events commenced which led to the small publication from which the second extract is taken.

Mrs Daintree gained her release after three months' confinement and in October 1810 brought a successful action against her nephew for conspiring illegally to deprive her of her liberty. Parkinson was called to give evidence and told 'how finding her answers to be rational, although her manner was strange and eccentric' he made enquiries from her family and neighbours and on the strength of this information 'and after some further conversation' with the patient 'was fully convinced of her being a lunatic, and signed the certificate'. He was severely censured in the newspapers for what appeared as certification not on direct evidence of insanity but on hearsay information which might have been actuated by personal motives. Encouraged by his friends and hearing 'that the visitors of the college [the Lunacy Commissioners of the College of Physicians] had expressed their surprise that I had not contradicted the calumnies which had been raised against me' Parkinson decided to vindicate himself, correct misstatements of his evidence, and at the same time 'offer some observations which might show the defects of the act for regulating madhouses' and some suggestions how it might be improved. He described graphically the difficulties encountered by the physician called to certify a patient and was the first to suggest that the evidence of insanity obtained from examining the patient should be recorded separately from the information given by relatives; and even more important that the 'order for the confinement of the party' should be given by a justice of the peace since this 'is a case in which the safety of society is concerned'. It will be remembered that the very first Act of 1714 dealing with the detention of pauper lunatics empowered two magistrates to commit them without any medical certificate, and that the Act of 1774 required only one medical certificate for committing private patients. Doubtless Parkinson's voice with others agitating for reform in the early years of the nineteenth century led to the improvements of the Acts of 1828 (9 Geo. IV, c. 40 & 41) which required a medical certificate as well as a justice's order in the case of paupers and two medical certificates in the case of private patients (to which an order of the judicial authority was added in 1890). Parkinson's suggestion that there might usefully be constituted 'an authorised arbitrator' has at last been realised in the creation of the review tribunals of the new Mental Health Act of 1959.

EXCESSIVE INDULGENCE OF CHILDREN

A slight and transient view of the duties of parents to their children, *during the state of infancy*, might favour the opinion, that little more is required of them than that care for their preservation which the brute parent instinctively bestows on its offspring. But when it is considered that the human parent possesses reasoning powers, and that the mental energies of the child begin to be evolved in the early days of infancy, it must be obvious that the parental duties are most important: of a degree of importance indeed, proportioned to the elevated place which a child possesses in the scale of animated beings. This observation is not unnecessarily introduced; since there are too many instances where the minds of children are no more attended to, than if they were really the offspring of brutes; and where even the necessary care for their health and

OBSERVATIONS

ON THE

EXCESSIVE INDULGENCE OF CHILDREN,

PARTICULARLY INTENDED TO SHOW

ITS INJURIOUS EFFECTS

ON

THEIR HEALTH,

AND THE

DIFFICULTIES IT OCCASIONS

IN

THEIR TREATMENT DURING SICKNESS.

By JAMES PARKINSON,
HOXTON.

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FIG. 122 Title-page of James Parkinson's *Observations on the excessive indulgence of children*, 1807.

existence, is exceeded by almost the whole of the brute creation. That children are born with various dispositions is undoubtedly true; but it is also true, that by due management, these may be so changed and meliorated by the attention of a parent, that not only little blemishes may be smoothed away, but even those circumstances which more offensively distinguish the child, may, by proper management, become the characteristic ornaments of the man. But, alas! too often do we see from, the want of a due attention to its training, the tender plant is injured, and the charming blossoms of virtue and happiness are blighted.

On the treatment the child receives from his parents, during the infantine stage of his life, will, perhaps, depend much of the misery or happiness he may experience, not only in his passage through this, but through the other stages of his existence. If, on the one hand, every little sally of passion and impatience is immediately controuled; if those things which are admissible are regularly permitted, and those which are improper are as regularly withheld, the wily little creature will soon learn to distinguish that which is allowed of, from that which is prohibited. He will, indeed, urge his claim, for that to which he has been taught he has a right, with manly boldness; but will not harrass himself and his attendants,

with ceaseless whinings or ravings, to obtain that which uniform prohibition has placed beyond expectance. But a melancholy reverse appears, if, on the other hand, no consistency is observed in his management; if, at one time, the slightest indulgence is refused, and at another the most extravagant, and even injurious cravings, are satisfied, just as the caprice of the parent may induce him to gratify his ill humour, by thwarting another; or to amuse his moments of *ennui*, by playing with his child as a monkey, and exciting it to those acts of mischief and audacity for which, in the next moment, it may suffer a severe correction. Continually undergoing either disappointment or punishment; or engaged in extorting gratifications, which he often triumphs at having gained by an artful display of passion; his time passes on, until at last the poor child frequently manifests ill nature sufficient to render him odious to all around him, and acquires pride and meanness sufficient to render him the little hated tyrant of his playfellows and inferiors. Can the duties of a parent have been fulfilled in this case? Can the child owe any duty, in return for such conduct? Certainly not. What may be the natural obligations of a child to a parent is not intended to be here dwelt on, it is only meant to be asserted, that they must be lessened by treatment so absurd and injurious.

The mortifications which the parent must repeatedly endure, from perceiving his darling child render himself obnoxious to all around him, by the enormity of his conduct, must awaken a suspicion that some error has been committed in his management; and must, at times, excite a transient inclination to adopt a more firm and rational mode of conduct. But suppose this child of humour and indulgence to be overtaken by sickness, then must the unhappy parent find conviction flash strong on his mind, and he becomes his own harsh, unforgiving accuser. When life itself depends on a peaceful serenity, and an exact compliance with various regulations, he sees his froward darling fevered by the exertions of passion; and exhausted by petulant rejections of the means of relief, and by incessant cravings for those things which, being noxious, are prohibited, and which, by the perverseness of temper, are thereby rendered more desireable. Generally does the poor little sufferer pay with his life the purchase of his early indulgencies; or, at best, escapes with an enfeebled constitution, presenting a constant memorial to his parent, that – *the temper of a child is formed in the early days of infancy.*

PROBLEMS OF CERTIFICATION

The leading principle of this act [1774] is evidently to place a medical man, as a competent judge, between society and the unfortunate patient; to prevent him, on the one hand, from the commission of any act injurious to himself, his family, or to any member of society; and on the other, to prevent him from undergoing unnecessary imprisonment. It is not every insane person for whom confinement in a mad-house is necessary: it can

only be requisite in those cases in which it is expected to be one of the means of cure, or where there is reason to suppose that the patient by being at large, may, from the disordered state of his intellects, be led to do injury to himself or others.

The spirit of the act has been almost generally mistaken. It is by many imagined, that it is intended to obtain and to enforce the confinement of all insane persons, whereas the act appears in this respect to have been most considerately worded: – the keepers admitting lunatics are not to admit '*any person as a lunatic, without having an order, in writing, under the hand and seal of some physician, surgeon, or apothecary*', stating not merely that such a person *is a lunatic*, but that such person *is proper to be received into such house or place as a lunatic*. To many this may appear somewhat like a distinction without a difference; but to those who have seen those cases, which frequently occur, in which the shattered mind, free from any dangerous purpose, is only to be repaired by a careful adaptation of the tenderest means; as well as other cases where the most mischievous propensities are almost concealed under very slight appearances of derangement, and where confinement and coercion are absolutely necessary; to those, I say, it will not be difficult to comprehend, that the legislature here expected, that the persons signing such certificate should exercise their judgment, in ascertaining whether, even if insanity really

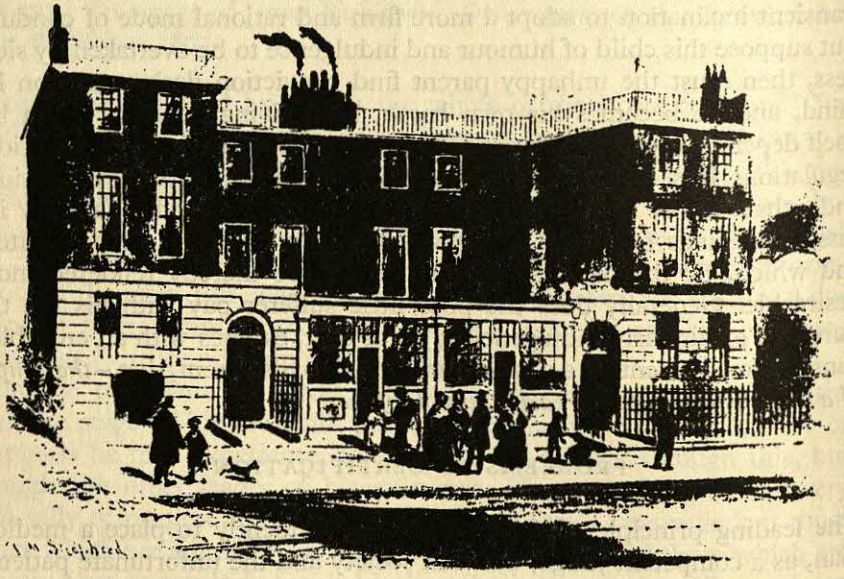


FIG. 123 Holly House, Hoxton, the madhouse owned by G. W. Burrows' family (not related to Dr G. M. Burrows) to which James Parkinson was visiting physician, early nineteenth century (*Shoreditch Borough Library*).

existed, confinement in such a house or place was proper or not, in the case of that particular patient. To render evident the necessity of making such a distinction, it may be sufficient to point out an illustrative case or two. The learned Whiston, in the latter part of his life, frequently laboured under the most alarming fits of abstraction of mind, and suffered also from dejection of spirits, to such a degree, as, at times, would have authorized his being considered as a lunatic. His friends judged rightly: to have committed him to a mad-house, would in all probability have fixed him with irremediable madness . . . A lady is at present in a private mad-house, and the leading symptom of her malady is merely the fancying that her breath is offensive. But the necessity for confinement, in this case, arises from her distress, respecting this imaginary evil, being such as to occasion a considerable reluctance to take her food, lest by its grossness it should increase her supposed malady. Her dejection also is such, at considering herself as a nuisance to those around her, as to give reasonable fears she should, if left unguarded, destroy herself.

Besides those already noticed, considerable difficulties will arise from the necessity of distinguishing cases of madness, from those of deranged states of the mind from other causes . . . instances of fatuity and of those deviations of the mind accompanying epileptic fits, frequently occur, in which the dangerous propensities of the patients are such, that nothing but that vigilant attention, which is habitually employed in these houses, could give a hope of preventing some fatal mischief . . . The difficulty of obtaining direct evidence of insanity from the patient himself, is frequently extremely difficult. . .A lunatic having committed in his own house several acts of violence, the family obtained a police officer from a neighbouring office to restrain him until the keeper from the mad-house arrived. When the keeper came, he inquired particularly how he should know the patient, on his first entering the room, that he might immediately secure him with the waist coat, to prevent any dangerous struggle. He was told that he had on a brown coat, and that he would know him by his raving. He therefore glided into the room, where the police officer, who also had a brown coat on, sat with his back towards the door, remonstrating with the patient, who on seeing the keeper enter, with the waistcoat in his hand, became immediately calm, and with a wink and nod, so completely misled the keeper, that in half a minute the police officer in spite of his resistance, was completely invested with the strait jacket, the patient manifesting his enjoyment of the trick by a violent burst of laughter. Unfortunately it generally happens, that in patients in which so much cunning is found, a great propensity to mischief is united with it . . . The relations of the patient declare his malady to be such, that they know is meditating mischief of a most serious nature, and they adduce satisfactory instances of his insanity; but on examination of the patient himself, nothing is discoverable but a somewhat strange and peculiar manner, but not one decided mark of madness . . . In such a situation, the certifier requires some protecting

clause in this act: perhaps the evidence of the relatives, where the medical examiner cannot himself obtain proof, ought to be required upon oath; and as it is a case in which the safety of society is concerned, the justice of peace administering the oath, might, if he thinks that evidence sufficiently strong, either give his order for the confinement of the party, or add his signature to the certificate . . . The question of the continuance or dismission of a patient, is frequently as difficult . . . A clause therefore appears to be required in the act, which should furnish an authorized arbitrator in these cases, on the requisition of any of the parties.

SIR GEORGE ONESIPHORUS PAUL (1746–1820)

High Sheriff of Gloucestershire; philanthropist

Copy of Suggestions on the Subject of Criminal and Pauper Lunatics, addressed . . . to Earl Spencer, His Majesty's Principal Secretary of State for the Home Department, 11 October 1806. In: *Report from the Select Committee appointed to enquire into the state of lunatics.* Ordered to be printed 15th July 1807 pp. 17-20

Reprinted in a letter from Edward Wakefield to the editor of *The Philanthropist*, 1813

The nineteenth century opened with three main Acts of Parliament relating to lunatics in operation. These were the Vagrancy Act of 1744 (which had superseded the Act of 1714) by which magistrates were empowered to confine dangerous lunatics wandering abroad; the Act of 1774 which provided for licensing and inspection of private madhouses and required a medical certificate for all private patients confined in them; and the Act of 1800 by which lunatic offenders could be detained 'until His Majesty's pleasure be known'. Experience had shown that all were incomplete and four main issues requiring urgent attention crystallised out: first, unlawful detention of sane persons – that is certification; second, maltreatment of confined lunatics – that is inspection and official visitation; third, the need for hospital accommodation for the large number of insane paupers housed in poor law institutions or in isolation, or entirely neglected; fourth, separation of criminal lunatics who were either in county gaols where they received no treatment, or in Bethlem Hospital and later county asylums to the detriment of other patients.

Improving the condition of, and provision for pauper and criminal lunatics was the particular concern of Charles Watkin Williams Wynn (1775–1850) MP for Montgomeryshire and Under Secretary of State for the Home Department, the moving spirit behind the appointment of the Select Committee of 1807. As early as 1805 'he had called the attention of the house to this subject, which demanded immediate interference', but it was not until 23 January 1807 that his motion at last succeeded 'that a select committee be appointed to enquire into the state of Criminal and Pauper Lunatics in England and Wales, and of the laws relative thereto, and to report the same with their observations to the house'. The Committee consisted of himself and among others George Rose (1744–1818), close friend of George III and William Pitt, author of a pamphlet *Observations on the Poor Laws*, 1802, who later played such a prominent part in the Select Committee on Madhouses 1815/6; Sir Samuel Romilly (1757–1818), the law reformer who worked for the abolition of the death

penalty for minor offences, then solicitor-general; William Wilberforce (1759–1833), philanthropist to whose efforts was due the passing of the bill abolishing the slave trade in 1807; and Samuel Whitbread (1758–1815), brewer and politician responsible for founding the Bedford County Asylum 1812, the second asylum after Northampton 1811 to be opened under the new Act of 1808.

They heard Sir George Paul whose letter to the Home Secretary of October the previous year from which extracts are quoted here was first published with their Report; Thomas Dunston, Master of St Luke's Hospital [see FIG. 106]; Dr John Willis, one of the College of Physicians Commissioners in Lunacy; and John Nash, the famous architect who with Dunston gave 'much valuable information upon the form of building and establishment' of asylums. Dr (later Sir) Andrew Halliday [*q.v.*] furnished evidence that the official returns of pauper lunatics greatly underestimated the size of the problem. For example, the counties of Southampton, Hertford, Bedford, Cumberland and Cambridge had not returned a single lunatic, Essex only 3, and Gloucester 10; Suffolk returned 92 while Halliday found at least 112, and Norfolk only 22 against his figure of 114. In addition to lunatics 'committed to Houses of Correction in different parts of the kingdom' in default of other accommodation to which they could be sent under the Act of 1744, 'the number of other Pauper Lunatics in Poor Houses and Houses of Industry . . . amounts to 1,765 [in England and Wales] exclusive of 483 in private custody; but these are so evidently deficient in several instances, that a very large addition must be made in any computation of the whole number'. 'Even if', the Report continued, 'the condition of the persons so confined in Poor Houses were not so revolting to humanity, as from the evidence of Sir George Paul, and from the observation of different Members of your Committee, it appears frequently to be; Your Committee are of opinion, that there are other sufficient inducements to provide proper places expressly for the reception of Lunatic Paupers . . . In many instances, but particularly in the metropolis, parishes have adopted the system of boarding their Insane Patients in private Mad-houses'.

The Committee therefore recommended 'the erection of Asylums for their reception in different parts of kingdom; a measure which has already been adopted with great success by private subscription at York, Liverpool, Manchester, Exeter, Hereford, Norwich and Leicester. To this the public opinion appears to be so favourable, that it may be sufficient for the Legislature, at least in the first instance, rather to recommend and assist, than to enforce the execution of such a plan'. Since it has often been criticised that the Act of 1808 which resulted from this Report was only permissive and did not enforce the provision of asylums by counties, it is interesting to find that the Committee felt that they should rather foster and encourage private initiative which had been so successful in the cities they named than replace it by state control. They proposed that county magistrates be empowered to build asylums at the expense of the county rates and 'That all Pauper Lunatics . . . shall be conveyed thither, and be there maintained at the expence of their respective parishes, at such rate as shall be fixed by a Committee of Governors, nominated by the Magistrates of the county or counties'. Only in 1845 when the problem of insane paupers had assumed a magnitude far beyond private efforts were counties charged with the erection of asylums by Act of Parliament (8 & 9 Vict., c. 126).

Regarding criminal lunatics the Committee pointed out that the Act of 1800

(40 Geo. III, c. 94) for the safe custody of insane offenders made no provision for 'their maintenance and cure, except where they have sufficient property of their own which could be applied for that purpose' under the Act of 1744. In consequence 'it has been in most instances impossible to remove them from the County Gaol' where thirty-seven were detained since the passing of the Act. 'The great inconveniences which must necessarily result from a continuance of the present system are fully detailed in the evidence of Sir George Paul, whom your Committee, on account of his humane and unwearied attention to everything connected with this subject, thought it their duty to examine: And they fully concur in his opinion, that to confine such persons in a common Gaol, is equally destructive of all possibility of the recovery of the insane, and of the security and comfort of the other prisoners . . . It therefore appears to be highly desirable that a Building should be erected for the separate confinement of all persons detained . . . for offences committed during a state of Insanity; and that provisions should be enacted . . . directing Magistrates . . . to make an order upon such Parish . . . or County where he has been tried, to allow such weekly sum for his maintenance as shall . . . be fixed by the Secretary of State for the Home Department . . . and that Power should be given to the Secretary of State to make such regulations as may . . . provide for the due care and management of the persons there confined'.

These recommendations became law in the following year in *An Act for the better care and maintenance of lunatics, being paupers or criminals in England*, 1808 (48 Geo. III, c. 96). Criminal lunatics could now be sent to Bethlem Hospital or county asylums at the charge of their parish (but Broadmoor, the State Institution urged by Paul did not open until 1863). Regarding the building of asylums counties proved reluctant to use their new powers and twenty years after the passing of 'Wynn's Act' only 10 out of 52 had done so with the result that large numbers of insane paupers continued in workhouses and other poor law institutions. However, even if progress was slow at first, the county asylums as they grew in number became the focus of enlightened management and treatment of the insane in and around which many of the advances in psychiatry developed.

PAUPER AND CRIMINAL LUNATICS: COUNTY LUNATIC ASYLUMS

I take this opportunity further to advocate the cause of the most degraded, the most ill used class of objects, that fall under our attention as Magistrates and as men. I shall then further observe to your Lordship, that not only the parochial but other poor Lunatics, and by poor, I would be understood to mean Lunatics who, by their own estate, or that of their friends, are not able to pay eighteen shillings per week for cure and maintenance; these, I say, are frequently, even by their own relations, treated not only worse than other human beings, but worse than the brute race.

It is an observation of medical men of extensive practice, that the lunatic affection is a disease increasing in its influence in this country; in fact, I believe there is hardly a parish of any considerable extent, in which

there may not be found some unfortunate human creature of this description, who, if his ill treatment has made him phrenetic, is chained in the cellar or garret of a workhouse, fastened to the leg of a table, tied to a post in an outhouse, or perhaps shut up in an uninhabited ruin; or, if his lunacy be inoffensive, left to ramble half naked and half starved through the streets and highways, teased by the scoff and jest of all that is vulgar, ignorant, and unfeeling.

I am concerned to say, that to the dungeons of the gaols some are devoted by the commitment of Magistrates, by a mistaken or heedless construction of the 17 Geo. II. Of the number of these forlorn objects, I know that your Lordship has endeavoured to inform yourself . . . It is, however, enough for my argument to say, generally, that of all the Lunatics in the Kingdom, the one half are not under any kind of protection from ill treatment, or placed in a situation to be relieved from their malady. Yet, if there be a disease which is a natural misfortune, unmixed with consequence of immoral life, this is that disease. The statute book is bare of legislative provisions for these persons. The first law respecting them is 17 Edw. II c. 9 & 10, making the King guardian of the estate of Idiots and Lunatics, and particularly ordaining 'that their lands and tenements shall in no wise be aliened or wasted, and that the King shall take nothing to his own use'.

To this day this statute is the protection of Lunatics of property. No further notice is taken of them until the Vagrant Act of 17 Geo. II c. 5. And there their situation is no otherwise treated than together with that of rogues and vagabonds, and in a way shewing that the security of the public was more in view than the care and relief of the objects. It was not till the 14th of the present King, that legislative attention appears to be directed towards the treatment of the inferior classes of these people. The general purport of this law regards the metropolis and seven miles round it. An incomplete branch, however, is allowed to extend a faint influence over provincial management . . .

This law, imperfect and indeed absurd as it is regarding the counties, was designed for the protection and care of Lunatics in general; yet by not extending the visit of Magistrates to houses where a single Lunatic may be confined, it overlooks the situation in which the whole class of Pauper Lunatics are in fact placed, that is, of those whose own effects are not sufficient to pay, or whose friends or parishes will not pay, the cost of the keeping in the licensed houses.

It is about thirty years since a charitable institution was first set on foot at York, having in view the relief and comfort of such Insane Persons as are in low and narrow circumstances. The liberal support given to this institution, not only by gentlemen of the particular county, but of all the northern part of England, has marked the public sentiment on the subject. The building and fitting up only was paid for by the subscription. The relief which the indigent receive is through the increased payments of those

in better circumstances, for whose accommodation suitable apartments are provided in the same house. The medical advice is given without cost to the public or the patients. This principle has been adopted in many other places, but chiefly connected with hospitals, as at Manchester and Liverpool. But in general these minor institutions have the misfortune to be too limited in their funds to receive patients at a sufficiently low price to embrace the cases of the poor . . .

Now, my Lord, cannot we unite the police intention with the efforts of humanity and provincial economy, and by that union create a mutual support? Suppose Government to cause to be constructed, or at least to allow money for constructing, a proper ward or place of reception for Lunatics in each circuit or other large division, at points to be agreed on. Let the public be invited to unite with it in building, by subscription, a Lunatic Asylum for each division, suited to the different situations of patients of high and low degree: as at York. Indeed, I should propose to go a step further – by compulsory statute, I should direct provision to be made for parochial Lunatics by charge on the county rate of the several counties united; and at this point only excite the benevolence and generosity of the public for further purposes.

Once built, or at most built, furnished, and established (By establishment as distinct expence, I mean the wages and maintenance of the officers and servants, which must be a fixed and permanent charge), no further cost need ensue. All patients should pay the average expence of maintenance, which would be from eight to eleven shillings per week. The site of these buildings should be near a large town, the probable residence of a physician of eminence. There is little doubt even of a competition of men of science in the profession, for the management of such Institutions where respectably established, particularly if, as in many copies of York (though not in the original) fees were allowed to be taken of superior patients. For this proposed reform to be complete, a small alteration must be made in the Lunatic clause of the Vagrant Act: instead of the words 'mandatory on the overseers and other officers to keep the Lunatic locked up in some secure place within the county', it should stand 'to secure such Lunatic in the Asylum of the district in which the parish of his settlement shall be situated'.

The Act of 14 Geo. III. will admit, and indeed will require, very considerable amendment; and particularly instead of 'no house shall be kept for the reception of more than one Lunatic, unless such house be licensed by the Justices, &c', 'that notice be given within fourteen days of the admission of any patient in the country to Commissioners in London'; 'and that minutes of Justices visiting in the country be transmitted to the same Commissioners in London'; I should recommend to be enacted, that 'no Lunatic or Lunatics should be confined in any house or place without notice thereof being given to the clerk of the peace within fourteen days after such confinement, and every house or place used for the confinement

of one or more Lunatic or Lunatics, should be open to the inspection of Magistrates, whose minutes, on any inspection, should be returned to the clerk of the peace, to be laid before the court of Quarter Sessions of each county respectively, which court should have power to remedy abuses' . . .

I conceive that in any Institution, supported by popular opinion, the Criminal Lunatics must be provided for as a distinct class; for although these persons are in law not answerable for their offences, yet decent families would have their prejudices, and might disapprove of their friends being classed with persons who had been tried for felonious acts.

It is necessary I should observe, my Lord, that the contents of this Address are merely suggestions which have arisen in my mind *currente calamo*. It is not worth the while to attempt to digest into form for practice, until we know what may be approved as principles by His Majesty's Ministers.

WILLIAM STARK (?–1813)

Architect of Glasgow

Remarks on the construction of public hospitals for the cure of mental derangement. Read to a committee of inhabitants of the City of Glasgow, appointed to receive plans, with a view to that object, 1807 *Edinburgh, for the Committee* (pp. 31) pp. 15-24

A second edition with a 'second Report', Glasgow 1810

When Robert Hooke wrote in his diary for 14 April 1674 'With Dr. Allen at Bedlam. Viewd Morefields for new Bedlam. Drew up report for him' (*Diary*, edited by H. W. Robinson & W. Adams, London, 1935) their concern was with the design of a majestic 'all stone front' and stairs to match as ordered by the 'Committee at Bedlam' [see FIG. 45]. Just over one hundred and thirty years later and illustrative of the great advances made by psychiatry in the intervening period, there was published the first memoir *On the construction of public hospitals for the cure of mental derangement* written by a professional architect who had gathered for the purpose 'the opinions of . . . eminent physicians' with 'great experience in the cure of mental derangement' and had 'inspected, with great accuracy, many of the best asylums in Britain'. How much had been learnt even in the immediately preceding decades about the management of the insane in large numbers in asylums may be seen from the fact that the kindly Aikin [*q.v.*] who in 1771 was the first to pay attention to 'lunatic hospitals' considered it 'unnecessary to point out any particular objects of attention in the planning . . . these hospitals; since the case can admit of little doubt or variation'; his only positive suggestion was 'a separate room or cell for every patient'. By 1807 Stark was able to point out from accumulated experience that 'however desirable a good system of management may be, no such system can be prosecuted with effect in an ill-contrived building. The defects of arrangement must unavoidably affect the patient, and operate both against his comfort and his cure'. And he contrasted the therapeutic possibilities offered by enlightened planning with 'those cheerless dismal dwellings – in the contrivance of which, nothing seems to have been considered, but how to inclose the victim of insanity in a cell, and to cover his misery from the light of day'. Reasoning from the fact 'that an insane person is capable of feeling acutely, and of recollecting distinctly, the treatment which he meets with, even in the accessions of frenzy' – a very different outlook from the old one which equated insanity with insensibility, vitiated judgment and loss of reason – Stark planned the Glasgow Lunatic Asylum to combine classification and grouping of patients according to sex, 'degree of insanity', and social class, with 'a superintendence . . . which follows

and watches every motion of the patient, while it insures to him a more than ordinary degree of individual liberty, of exemption from restraint and bondage, of personal security, of ease, comfort, and enjoyment'. He also allowed for the beneficial effect 'of a properly regulated intercourse of the patients' by providing day-rooms. The hospital was opened in December 1814 and in keeping with the spirit which had inspired its designer the *Fifth Annual Report* [*q.v.*] contained the first account of the socialising and so therapeutic effect of community life on the chronic insane.

This asylum was constructed in the form of a star with four wings radiating from a centre on the *panopticon* plan suggested by Bentham [*q.v.*] for the easy supervision of patients and attendants. Stark was also responsible for a different design, the H form used for the Dundee Asylum and adopted also for the West Riding Lunatic Asylum built to the instructions of Samuel Tuke and the design of Messrs Watson and Pritchett, architects of York (their *Plans, elevations, sections, and description of the pauper lunatic asylum, lately erected at Wakefield*, 1819, York, is the largest psychiatric book measuring more than two foot by a foot and a half to accommodate the detailed plans). It is said that Gloucester Asylum erected in 1822–3 was also built after plans completed by Stark before his death.

While Stark was working on the Glasgow Asylum Andrew Duncan (1744–1828), MD Edin., Fellow and President of the Royal College of Physicians of Edinburgh, professor of the institutes of medicine, physician to the King in Scotland, was busy trying to gather support for an asylum in that city, a campaign he started in 1792 but which took until 1813 to come to fruition. With this in view he published a composite volume entitled *Observations on the structure of hospitals for the treatment of lunatics . . . To which is annexed, an account of the intended establishment of a lunatic asylum at Edinburgh*, 1809 [see FIG. 124]. Its first article from which the book took its title was by Robert Reid (1776–1856) last master of the King's works or King's architect in Scotland who built the Royal Edinburgh Asylum, Morningside, in the form of a square with separate buildings for patients of a 'higher rank in life', but could not free himself from the old idea which equated insanity with violence and danger and therefore stipulated as the first requisite of 'a Lunatic Hospital . . . That the buildings and inclosures should be so constructed as to make the escape of patients as difficult as possible' and only as a second consideration 'to render the patients . . . as comfortable as their situation will admit of'. 'The prevalence of mistaken and limited views' such as this, wrote John Conolly in *The construction and government of lunatic asylums*, 1847 explained why 'most of the old asylums . . . resemble prisons rather than hospitals for the cure of insanity' which despite his efforts they continued to do for much of the nineteenth century.

The question of the ideal asylum – so important in psychiatry in which unlike any other branch of medicine bricks and mortar may make the difference between chronicity and cure – continued to be discussed (especially after the Act of 1845 made the erection of county lunatic asylums compulsory) in the annual reports of the Lunacy Commissioners and of hospitals themselves, in books and periodicals like *The Asylum Journal of Mental Science* and *The American Journal of Insanity* in which the articles by Thomas S. Kirkbride (1809–1883), MD, physician-superintendent of the Pennsylvania Hospital for the Insane, deserve mention.

An object I have invariably kept in view in the arrangement of the plan which is now submitted to you, is, that the patient, during good behaviour, shall be the master of his own actions, in so far at least, as the state of his disease can permit; and that he shall have the privilege of going out at all times that are proper, for the purposes either of exercise in the open air, or of recreation and amusement, without any interference or controul. This object, however, before it can be carried into effect, requires to be reconciled with another, namely, that of classing the patients, which certainly appears of still greater importance, and which, the more minutely it is pursued, the more it increases the difficulty of preserving the individuals from that degree of confinement which is both irksome and injurious. Circumstances, however, have occurred to my observation, while employed in examining some hospitals, which, co-operating with the opinions of different medical gentlemen with whom I conversed, have impressed me with the importance, in a public asylum, of a more full and effectual separation of the patients than I have as yet seen attempted . . . an arrangement which classes them not only according to sex, but to rank in life, and to the degree of insanity, while it preserves to the individual that degree of liberty which he ought to have, and, by proper arrangement, might have, I have reason to believe is a desideratum.

The particulars of the arrangement . . . in the design for the proposed Asylum . . . will be fully explained in the sequel of this Essay. It may be sufficient . . . to mention, that the ground, which will surround the building, is of such size as to admit of its being formed into a number of distinct inclosures, which, by means of separate passages, or stair-cases, will connect with the wards of the several classes of patients. By these means, the patients of each will have, at all times, the most direct and immediate access to that inclosure which is assigned them for air and recreation . . . In this way, each class may be formed into a society inaccessible to all the others; while, by a peculiar distribution of the day-rooms, galleries, and grounds, the patients, during the whole day, will be constantly in view of their keepers; and the superintendent, on his part, will have his eye both on the patients and keepers. An advantage peculiarly resulting from this arrangement will be, that those patients who are quiet and submissive, are relieved of the irksome and disagreeable sensations occasioned by their having a keeper always present, and observing their motions. Those, again, who are inclined to disorder, will be aware, that an unseen eye is constantly following them, and watching their conduct.

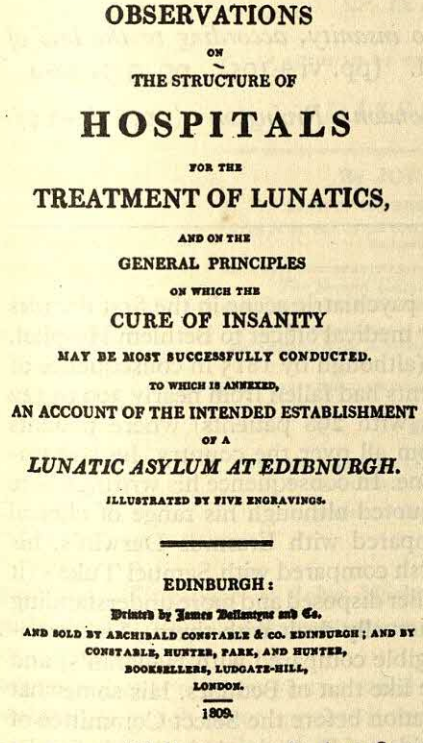
The building and surrounding grounds, are separated into two equal parts; one of which is for males, and the other for females. Each of these is divided into two subordinate parts; one for a higher, the other for a lower, class of patients. These last are subdivided, each into four parts, for different cases, or degrees of insanity; 1st, Frantic patients. 2d, In-

curables. 3d, Ordinary patients. 4th, Convalescent. On the two first points in the arrangement of this plan of division, namely, a separation according to sex and to rank in life, it is scarcely necessary that I should offer any remark . . . The next point or head, that which relates to a classification according to the degree of insanity, requires to be more fully considered, there being differences of opinion, among physicians, as to the extent to which it ought to be attempted. One gentleman, who has the principal charge of a large establishment, recommended a very minute classification, and thought that provision should be made for detaching single patients in a convalescent state from all intercourse with the others. In this opinion, however, I did not find him very generally supported; solitude, by most of the physicians with whom I had occasion to converse, being considered by no means necessary, or conducive to cure. Another physician, also at the head of the medical department of a large asylum, held an opinion still more at variance with that which has just been stated. He thought, that patients could be restored to reason, collectively, on whom no impression could otherwise be made; and stated, in support of his opinion, that cures were performed in public hospitals, of a much more remarkable nature, than any that had ever been effected in private practice . . . But, admitting the solidity as well as ingenuity of this hypothesis, it is an argument only in favour of a properly regulated intercourse of the patients, not of an indiscriminate assemblage. No advantage could possibly accrue to any patient, from his being made to associate with those in the more degraded states of the disease . . .

The conviction which these and similar circumstances have impressed upon my mind, of the expediency of a proper separation of the patients of an asylum according to disease, has been fully sanctioned by the opinion of Dr. Ferriar, to whom I have been very highly indebted for the free and liberal communication of his sentiments, on many important points connected with the arrangement and construction of Lunatic Hospitals . . . It may be agreeable to the Committee to be also informed, that the sentiments of the late Dr. Currie coincided with those of Dr. Ferriar on these important points.

ANDREW DUNCAN

COLLECTED ARTICLES ON INSANITY, 1809



OBSERVATIONS

ON

THE STRUCTURE OF

HOSPITALS

FOR THE

TREATMENT OF LUNATICS,

AND ON THE

GENERAL PRINCIPLES

ON WHICH THE

CURE OF INSANITY

MAY BE MOST SUCCESSFULLY CONDUCTED.

TO WHICH IS ANNEXED,

AN ACCOUNT OF THE INTENDED ESTABLISHMENT

OF A

LUNATIC ASYLUM AT EDIBNURGH.

ILLUSTRATED BY FIVE ENGRAVINGS.

EDINBURGH:

Printed by James Ballantyne and Co.

AND SOLD BY ARCHIBALD CONSTABLE & CO. EDINBURGH; AND BY CONSTABLE, HUNTER, PARK, AND HUNTER, BOOKSELLERS, LUDGATE-HILL, LONDON.

1809.

FIG. 124 Title-page of the first volume of collected articles on psychiatric subjects by different authors edited by Andrew Duncan senior, 1809.

This book was published to 'waken the attention of the Public, particularly in the City and neighbourhood of Edinburgh, to this highly important Institution' the Edinburgh Lunatic Asylum, then for lack of funds no further than the planning stage. The book was 'extensively circulated both at home and abroad' but 'in place of several thousand subscribers, who, it was expected, would have contributed at least One Guinea or upwards . . . the whole number of Contributors . . . at the beginning of the year 1812 . . . very little exceeded Two hundred' (Andrew Duncan *Short account of the rise, progress, and present state of the Lunatic Asylum at Edinburgh*, 1812). However, sufficient funds had been collected by 1813 to allow part of the building to be erected and opened for the reception of patients. Included in the volume were Robert Reid's 'Observations on the Structure of Hospitals, for the treatment of Lunatics' with plans of the Edinburgh Asylum; a reprint of the 'Report of a Select Committee of the House of Commons, appointed to inquire into the state of Lunatics', 1807; 'Account of the Establishment of an Asylum, lately erected at Bristol' (Brislington House opened in 1804) by Edward Long Fox (1760–1835), MD Edin., LRCP, the colourful quaker physician to the Bristol Infirmary and sire of a long line of 'mad-doctors' who sent the York Retreat its first matron; and 'Observations on the General Treatment of Lunatics, as a branch of Medical Police' by Andrew Duncan junior, Edinburgh's first professor of medical jurisprudence.

JOHN HASLAM (1764–1844)

MD Aberdeen, LRCP, apothecary to Bethlem Hospital 1795–1816

1. *Observations on madness and melancholy: including practical remarks on those diseases; together with cases: and an account of the morbid appearances on dissection*, 1809 *London, Callow* Second edition (pp. viii + 345) pp. 289-91, 316-20
2. *Medical jurisprudence, as it relates to insanity, according to the law of England*, 1817 *London, Hunter* et al. (pp. vi + 105) pp. 3-7, 12-4
3. *Observations on insanity*, 1798 *London, Rivington* (pp. xi + 147) pp. 64-7

Haslam occupied a prominent place on the psychiatric scene in the first decades of the nineteenth century. As apothecary or medical officer to Bethlem Hospital, the oldest, best known and largest asylum (although by 1815 in consequence of the discovery of gross malpractices its patients had fallen from nearly 300 to 122 and it had been overtaken by St Luke's with 298 patients) where patients including 'criminal lunatics' were sent from all over the country, he had unrivalled opportunities for studying the insane. In consequence his writings bore the stamp of authority and were widely quoted although his range of clinical observation was circumscribed when compared with Erasmus Darwin's, his attitude to patients unfeeling not to say harsh compared with Samuel Tuke's (it is a curious fact that laymen were often kindlier disposed and more understanding towards the insane than the doctors who actually dealt with them), his contribution to the betterment of asylums negligible compared with Hallaran's; and no aspect of his work pointed to the future like that of Beddoes. His somewhat surly character was revealed by his examination before the Select Committee of the House of Commons 'appointed to consider of Provision being made for the better Regulation of Madhouses', 1815/6; and in May 1816, one month after his last appearance before it, the Governors of Bethlem were forced to dismiss him after twenty-one years' service by the public outcry against the gross malpractices discovered in their hospital [see FIG. 140]. With Haslam went his chief Thomas Monro (1759–1833), MD Oxon, FRCP, representative of the third generation of Monro physicians to Bethlem.

Haslam countered by improving his professional status and as his only qualification was membership of the Corporation of Surgeons – since 1800 the Royal College of Surgeons – he applied for and was created MD Aberdeen (on the customary recommendation of two physicians and payment of a fee) and in 1824 was admitted Licentiate of the College of Physicians. Thus equipped he made a meagre living by private practice eked out by a number of small works on insanity and literary contributions to the periodical press [see FIG. 127],

OBSERVATIONS
ON
MADNESS
AND
MELANCHOLY:

INCLUDING
PRACTICAL REMARKS ON THOSE DISEASES;

TOGETHER WITH
CASES:
AND
AN ACCOUNT OF THE MORBID APPEARANCES
ON
DISSECTION.

By JOHN HASLAM,
LATE OF PEMBROKE HALL, CAMBRIDGE;
MEMBER OF THE ROYAL COLLEGE OF SURGEONS, AND APOTHECARY
TO BETHLEM HOSPITAL.

The Second Edition, considerably enlarged.

"Of the uncertainties of our present state, the most dreadful and alarming is the uncertain continuance of reason."
Dr. JOHNSON'S RASSELAS.

London:
PRINTED FOR J. CALLOW, MEDICAL BOOKSELLER,
CROWN COURT, PRINCES STREET, SOHO;
BY G. HAYDEN, BRYDGES STREET, COVENT GARDEN.

1809.

FIG. 125 Title-page of John Haslam's *Observations on madness*, 1809, first published in 1798 as *Observations on insanity*.

advertised over a dozen years a third edition of his *Observations on madness and melancholy* which never appeared, was elected a governor of St Luke's Hospital on the recommendation of its physician and his friend Dr A. R. Sutherland, served a term as president of the Medical Society of London, and died in poverty in Bloomsbury in 1844. He had a son John Haslam junior, a naval surgeon who performed occasional locums for him at Bethlem Hospital, and a daughter, Mrs Henrietta Hunter, who became Matron of Bethlem in 1840 and resigned in 1852 in consequence of neglect of duty imputed to her by yet another official enquiry into the hospital's affairs published in *The Report of the Commissioners in Lunacy to the Secretary of State on Bethlem Hospital*, 1852. By a curious repetition of fate Thomas Monro's son Edward Thomas Monro, MD Oxon, FRCP (who had been appointed physician to the hospital on his father's dismissal in 1816) was also implicated by the Commissioners' *Report* of 1852 and refusing to resign was translated to consultant physician with which title he died in 1856. Thus ended the Monro dynasty at Bethlem which had persisted uninterruptedly from 1728 through four generations. To revert to Haslam's

chief, Thomas Monro: after 1816 he carried on his practice from the family's private madhouse in Hackney and continued to devote himself chiefly to the arts of which he was a recognised connoisseur and promoter. In fact although he did not gain a place in the history of psychiatry he is remembered as the founder patron of the British school of watercolourists and numbered among famous protégés J. M. W. Turner; and indeed his own pictures are still to be met with.

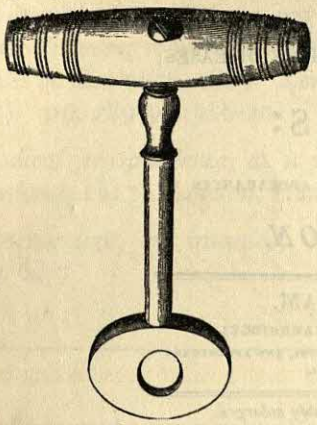


FIG. 126 Haslam's 'key' for forcing open patients' mouths, from the same.

From Haslam's writings three characteristic passages have been chosen. The first gives a picture of the general attitude to the insane in Bethlem Hospital in the early years of the nineteenth century. How patients' mouths were forced open to take food or medicines with Haslam's 'key' [see FIG. 126] so horrified Charles Dickens that when he wrote an account of his Christmas visit to St Luke's Hospital in 1851 (*A curious dance round a curious tree*, in *Household Words*, January 1852; first separately printed 1860; see FIG. 197), in order to contrast the benevolent features he found with the malignant attitudes of the past, he quoted this passage (from a review of Haslam's book in *The Quarterly Review*, 1809 by Thomas Young, famous physicist, Egyptologist and physician to St George's Hospital). The second extract is from Haslam's second book after the debacle of 1816, and although he wrongly supposed 'no work existed on the subject of Medical Jurisprudence, as it relates to Insanity . . . in our own language' (perhaps in ignorance of Johnstone's publication of 1800) he gave rules of conduct for the expert medical witness in court which still make good sense today. The third extract from the first edition of *Observations on insanity*, 1798, Haslam's first publication, shows the range of his clinical and postmortem observations and is the one on which the exaggerated claim that he was the first to describe general paralysis of the insane is founded. Chronologically it should have been placed first but he was more a nineteenth than eighteenth century author and himself regarded the first edition of this book as only 'a trifle' whereas the second of 1809 'a corrected copy of the former, with considerable additions . . . of many years observation and practice', he rated the definitive one and his *magnum opus*, and it was for some years the standard practical work. Among his other writings were *Considerations on the moral management of insane persons*, 1817; *Sound mind*, 1819; *A letter to the . . . Lord Chancellor, on . . . unsoundness of mind*, 1823; and *On the nature of thought*, 1835. And he had one other distinction. His *Illustrations of madness*, 1810 [see FIG. 128 & 129] was the first medical book devoted to a single case of insanity, that of James Tilly Matthews whose treatment at Bethlem Hospital attracted a good deal of attention from the Parliamentary Committee of 1815/6 referred to above; and 'the curious plate' with which it was 'embellished' was the first illustration of an influencing machine still commonly complained of by paranoid patients.

persuaders were in vain." "If I can get sufficient leisure I have another essay for the L G it is "On the effects of an East Wind on literary composition." but I must have some chat with you before it is sent, to ascertain your sympathies and antipathies concerning rival publications.

I am

1 Hart Street — My Dear Sir
Bloomsbury — very truly Yours
30 Septr 1821 — J Haslam

FIG. 127 End of a letter from John Haslam to the Editor discussing essays he was preparing for *The Literary Gazette*, 1821.

RESTRAINT

In the most violent state of the disease, the patient should be kept alone in a dark and quiet room, so that he may not be affected by the stimuli of light or sound, such abstraction more readily disposing to sleep. As in this violent state there is a strong propensity to associate ideas, it is particularly important to prevent the accession of such as might be transmitted through the medium of the senses. The hands should be properly secured, and the patient should also be confined by one leg; this will prevent him from committing any violence. The more effectual and convenient mode of confining the hands is by metallic manacles; for, should the patient, as frequently occurs, be constantly endeavouring to liberate himself, the friction of the skin against a polished metallic body may be long sustained without injury; whereas excoriation shortly takes place when the surface is rubbed with linen or cotton. Ligatures should on all occasions be avoided. The straight waistcoat is admirably calculated to prevent patients from doing mischief to themselves; but in the furious state, and particularly in warm weather, it irritates, and increases that restlessness which patients of this description usually labour under. They then disdain the incumbrance of clothing, and seem to delight in exposing their bodies to the atmosphere. Where the patient is in a condition to be sensible of restraint, he may be punished for improper behaviour, by confining him to his room, by degrading him, and not allowing him to associate with the convalescents, and by withholding certain indulgences, he had been accustomed to enjoy . . .

Maniacs in general feel a great aversion to become benefited from those

medicinal preparations which practitioners employ for their relief; and on many occasions they refuse them altogether. Presuming that some good is to be procured by the operation of medicines on persons so affected, and aware of their propensity to reject them, it becomes a proper object of enquiry how such salutary agents may most securely, and with the least disadvantage, be conveyed into the stomachs of these refractory subjects. For the attainment of this end various instruments have been contrived, but that which has been more frequently employed, and is the most destructive and devilish engine of this set of apparatus, is termed a *spouting* boat. It will not be necessary to fatigue the reader with a particular description of this coarse tool, except to remark, that it is constructed somewhat like a child's pap boat; and is intended to force an entrance into the mouth through the barriers of the teeth. (It is a painful recollection to recur to the number of interesting females I have seen, who, after having suffered a temporary disarrangement of mind, and undergone the brutal operation of *spouting*, in private receptacles for the insane, have been restored to their friends without a front tooth in either jaw. . .)

In those cases, where patients have been obstinately bent on starving themselves, or where they have become determined to resist the introduction of remedies calculated for their relief, I have always been enabled to convey both into their stomachs, at any time, and in any quantity that might be necessary, by the employment of an instrument, of which the figure and dimensions are here given.

Since the use of this very simple and efficient instrument, which I constructed about twelve years ago, I can truly affirm, that no patient has ever been deprived of a tooth, and that the food or remedy has always been conveyed into the stomach of the patient.

The manner in which this compulsory operation is performed, consists in placing the head of the patient between the knees of the person who is to use the instrument: a second assistant secures the hands, (if the straight-waistcoat be not employed) and a third keeps down the legs. As soon as the mouth is opened, the instrument may be introduced; it presses down the tongue, and keeps the jaws sufficiently asunder to admit of the introduction of the medicine, which should be contained in a vial, or tin pot with a spout, to allow it to run in a small stream. The nose of the patient being held by the left hand of the person who uses the instrument, a small quantity of the medicine is to be poured into the mouth, and when deglutition has commenced, is to be repeated, so as to continue the act of swallowing until the whole be taken.

A little address will obviate the determination of the patient to keep his teeth closed: he may be blindfolded at the commencement, which never fails to alarm him, and urges him to enquire what the persons around him are about: causing him to sneeze, by a pinch of snuff, always opens the mouth previously to that convulsion, or tickling the nose with a feather commonly produces the same effect.

The important duty which the medical practitioner has to perform, when he delivers his testimony before a court of justice, should be clearly defined, conscientiously felt, and thoroughly understood, – his opinion ought to be conveyed in a perspicuous manner . . . He is not to palm on the court the trash of medical hypothesis as the apology for crime; neither should the lunatic receive his cure at the gallows by the infirmity of his evidence – but above all his opinion should be so thoroughly understood by himself; so founded in experience and fortified by reason, that it may resist the blandishments of eloquence and the subtil underminings of cross-examination. The physician should not come into court merely to give his opinion – he should be prepared to explain it, and able to afford the reasons which influenced his decision . . . It is to be regretted that on many occasions where several medical practitioners have deposed, there has been a direct opposition of opinion . . . Guarded with these precautions and armed with professional experience, the medical practitioner may approach the tribunal of justice with confidence, and advantage to the cause of truth. However dexterous he may shew himself in fencing with the advocate, he should be aware that his evidence ought to impress the judge, and be convincing to the jury. The most experienced physician who has seen insanity in all its forms, and viewed its more delicate shades, must in a question of this nature submit his opinion, to the comprehension and feeling of the ordinary persons who are to appreciate his deposition . . .

On those occasions where the madman has been tried in a criminal court, the counsel for the prosecution has usually and gravely enquired of the medical evidence, whether the prisoner on ordinary topics and on subjects unconnected with his insanity, would not converse in a rational manner: and also whether he did not possess sufficient understanding to discriminate between *good* and *evil*, *right* and *wrong*? When a medical person is employed concerning any one to whom insanity is imputed, his principal enquiry is concerning his *in*sanity: it is not his object to ascertain how much reason he possesses, but how far, and on what topics he is insane. And having gauged his insanity he has performed his duty. If it should be presumed that any medical practitioner is able to penetrate into the recesses of a lunatic's mind, at the moment he committed an outrage; to view the internal play of obtruding thoughts, and contending motives – and to depose that he knew the *good* and *evil*, *right* and *wrong* he was about to commit, it must be confessed that such knowledge is beyond the limits of our attainment. It is sufficient for the medical practitioner to know that his mind is deranged, and that such state of insanity will be sufficient to account for the irregularity of his actions; and that in a sound mind, the same conduct would be deemed criminal.

ILLUSTRATIONS

OF

MADNESS:

EXHIBITING A SINGULAR CASE OF INSANITY,

AND A NO LESS

REMARKABLE DIFFERENCE

IN

MEDICAL OPINION:

DEVELOPING

THE NATURE OF ASSAILMENT,

AND THE MANNER OF

WORKING EVENTS;

WITH A

DESCRIPTION OF THE TORTURES EXPERIENCED

BY

BOMB-BURSTING, LOBSTER-CRACKING,

AND

LENGTHENING THE BRAIN.

EMBELLISHED WITH A CURIOUS PLATE.

BY JOHN HASLAM.

"Oh! Sir, there are, in this town, Mountebanks for the mind, as well as the body."—*Foote's Devil upon Two Sticks: Scene the last.*

London:

PRINTED BY G. HAYDEN, BRYDGES-STREET, COVENT-GARDEN;

And Sold by

RIVINGTONS, ST. PAUL'S CHURCH-YARD; ROBINSONS, PATERNOSTER-ROW;

CALLOW, CROWN-COURT, PRINCES-STREET, SOHO;

MURRAY, FLEET-STREET; AND GREENLAND, FINSBURY-SQUARE.

1810.

FIG. 128 Title-page of Haslam's *Illustrations of madness: exhibiting a singular case of insanity*, 1810, the first book devoted to a single psychiatric case (Perfect's *A remarkable case of madness*, 1791 was a boy of eleven suffering from an organic condition, probably encephalitis).

A PARALYTIC AFFECTION

CASE XV. J. A. a man forty-two years of age, was first admitted into the house on June 27, 1795. His disease came on suddenly whilst he was working in a garden, on a very hot day, without any covering to his head. He had some years before travelled with a gentleman over a great part of Europe: his ideas ran particularly on what he had seen abroad; sometimes he conceived himself the king of Denmark, at other times the king of France. Although naturally dull and wanting common education, he professed himself a master of all the dead and living languages; but his most intimate acquaintance was with the old French; and he was persuaded he had some faint recollection of coming over to this country with William

the Conqueror. His temper was very irritable, and he was disposed to quarrel with every body about him. After he had continued ten months in the hospital, he became tranquil, relinquished his absurdities, and was discharged well in June 1796. He went into the country with his wife to settle some domestic affairs, and in about six weeks afterwards relapsed. He was readmitted into the hospital August 13th. He now evidently had a paralytic affection; his speech was inarticulate, and his mouth drawn aside. He shortly became stupid, his legs swelled and afterwards ulcerated: at length his appetite failed him; he became emaciated, and died December 27th, of the same year. The head was opened twenty hours after death. There was a greater quantity of water between the different membranes of the brain than has ever occurred to me. The tunica arachnoidea was generally opake and very much thickened: the pia mater was loaded with blood, and the veins of that membrane were particularly enlarged. On the fore-part of the right hemisphere of the brain, when stripped of its membranes, there was a blotch, of a brown colour, several shades darker than the rest of the cortical substance: the ventricles were much enlarged, and contained, by estimation, at least six ounces of water. The veins in these cavities were particularly turgid. The consistence of the brain was firmer than usual.

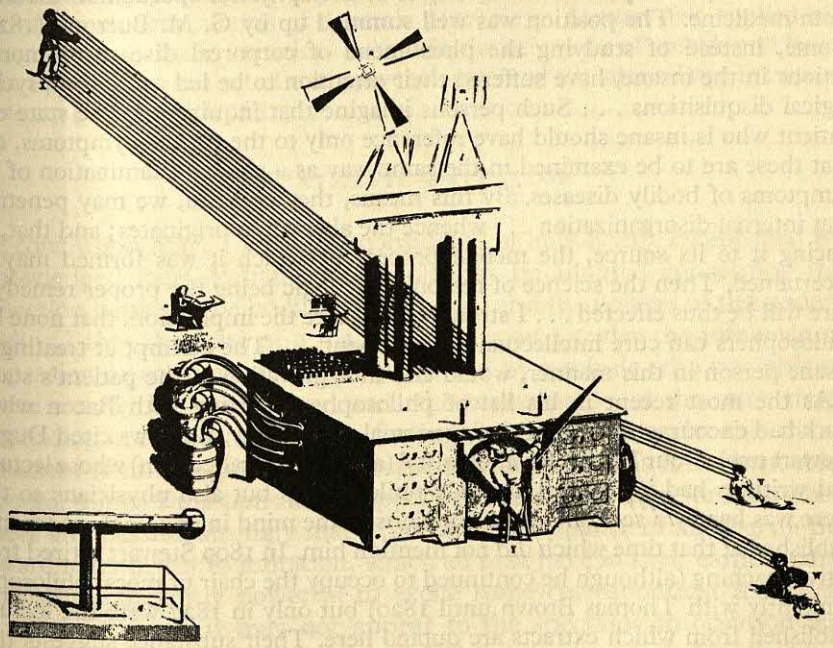


FIG. 129 From the same: the patient's sketch of the 'Air Loom' by which his enemies acted on him by means of electricity and magnetic fluid – the first illustration of an 'influencing machine'.

DUGALD STEWART (1753–1828)

FRS Lond. & Edin., professor of moral philosophy, Edinburgh University, 1785–1820

Elements of the philosophy of the human mind, 1827 *London, Murray* (3 vols. 1792-1827) Vol. 3, pp. 192-7, 221-3, 207-9

By the nineteenth century the question whether 'insanity' (as if it were one disease) was an affection of the mind or of the brain was a well established controversy. One side argued that as mind was 'physiologically speaking' a function of brain there could be no disease of mind but only dysfunction or disease of brain. Others argued that study of disordered processes of mind – as those of healthy mind had long been studied by philosophers – would one day explain mental illness psychologically. Physicians who as a body had only lately interested themselves in the insane feared that insanity might become the province of philosophers and the object of metaphysical speculation divorced from medicine. The position was well summed up by G. M. Burrows (1828): 'Some, instead of studying the phenomena of corporeal disease or morbid actions in the insane, have suffered their attention to be led astray by psychological disquisitions . . . Such persons imagine that inquiry into the state of a patient who is insane should have reference only to the mental symptoms, and that these are to be examined in the same way as a clinical examination of the symptoms of bodily diseases. By this means, they contend, we may penetrate that internal disorganization . . . whence the aberration originates; and that, by tracing it to its source, the mental process by which it was formed may be ascertained. Then the science of reasoning or logic being the proper remedy, a cure will be thus effected . . . I strongly deprecate the impression, that none but philosophers can cure intellectual derangement . . . The attempt at treating an insane person in this manner, would end in aggravation of the patient's state'.

As the most recent in his list of philosophers starting with Bacon whose work had encouraged the study of abnormal psychology, Burrows cited Dugald Stewart one of 'our British Psychologists' (as Crichton called him) whose lectures and writings had influenced not only philosophers but also physicians so that there was hardly a section on the functions of the mind in any book on insanity published at that time which did not mention him. In 1809 Stewart retired from active teaching (although he continued to occupy the chair of moral philosophy conjointly with Thomas Brown until 1820) but only in 1827 were the lectures published from which extracts are quoted here. Their substance suggests they may have been delivered as early as the 1790s but here they are placed under 1809, the year he last lectured.

The three extracts chosen deal with various manifestations of what Stewart called 'sympathetic imitation' by which he explained how emotions as a means

of communication more primitive and direct than language become communicable and 'contagious'. From this proposition he examined mesmeric phenomena and separated from a 'physical *agent*' the 'moral *agent*' which he found 'incomparably more curious than if he [Mesmer] had actually succeeded in ascertaining the existence of his boasted fluid'. Stewart in fact was the first philosopher who recognised the scientific potential of mesmerism at a time when others were either ardent, gullible disciples or – like the Commissioners of 1784 rejected with the magnetic fluid its undisputed effects. By making this distinction Stewart wished to encourage serious scientific investigation: 'I . . . recommend warmly to my successors in this branch of study, a careful examination and comparison of the details connected with the use of tractors, and with the practice of animal magnetism, – as inestimable *data* for extending our knowledge of the laws which regulate the connection between the human mind, and our bodily organization. The lights, more particularly, which they throw on various questions relative to the Imagination, are such, as must for ever entitle Mesmer and Perkins to the gratitude of those who cultivate the Philosophy of the Mind; whatever the motives may have been which suggested the experiments of these practitioners, or whatever the occasional mischiefs of which they may have been the authors'.

In this assessment history proved Stewart more correct than he could have known. The investigation of mesmerism in the middle of the nineteenth century led to Braid's study of what he termed 'hypnotism' which in turn inspired much psychological and clinical research and resulted in the development of the modern schools of dynamic psychology. Stewart also applied his concept of 'sympathetic imitation' to explain the behaviour of crowds and 'men . . . in unison', the subject of mass psychology on which later a large literature sprang up [see Madden 1857].

SYMPATHETIC IMITATION

One conclusion may, I think, be considered as sufficiently established by acknowledged facts, (whatever opinion may be adopted concerning the connection between the bodily organization, and the powers of the understanding,) that the state of a man's *temper*, when under the influence of any passion or emotion, might be judged of by a mimic who was able to assume exactly his appearance, and who was capable, at the same time, of attending accurately to his own feelings, while he was under this transformation. If this be granted with respect to the mimic, is it not probable, that something of the same kind happens to every man, more or less, when he sees any passion strongly marked in the countenance of another; – the irresistible tendency to imitation, which all men have in their earlier years, being still sufficiently powerful to excite some correspondent feeling in his mind, although it may not appear to the spectator to occasion any visible alteration in his countenance? Is it not farther probable, that it is by some process of this kind, that the more simple and essential elements of the language of nature become so soon intelligible to infants; – the *propensity* to sympathetic imitation being, in their case, so strong, and the

power of imitation so perfect, as to render their bodies incomparably fitter *media* for carrying on the intercourse of different minds, (so far as that intercourse is necessary for the child's preservation,) than they can be supposed to be afterwards, when that pliableness and mobility of system, by which the principle of imitation operates, have given place to those artificial habits which insensibly mould the physical, as well as the moral frame of man, into one fixed and unchangeable form?

The contagious nature of convulsions, of hysteric disorders, of panics, and of all the different kinds of enthusiasm, is commonly referred by medical writers to the *principle of Imitation*; and it seems, indeed, to have a very intimate connection with that part of our constitution. Among these various phenomena, however, there are some which depend also on a combination of very powerful causes of another description; – on the influence, for example, of Imagination, and of those passions which are apt to be kindled wherever men are assembled in a crowd: And therefore, to refer them all to *imitation* alone, implies either an error in point of theory, or an unwarrantable latitude in the meaning annexed to that word . . .

Among all the phenomena, however, to which the subject of Imitation has led our attention, none are perhaps so wonderful as those which have been recently brought to light, in consequence of the philosophical inquiries occasioned by the medical pretensions of Mesmer and his associates. That these pretensions involved much of ignorance, or of imposture, or of both, in their authors, has, I think, been fully demonstrated in the very able report of the French Academicians; but does it follow from this, that the *facts* witnessed and authenticated by these Academicians should share in the disgrace incurred by the empirics who disguised or misrepresented them? For my own part, it appears to me, that the general conclusions established by Mesmer's practice, with respect to the physical effects of the principle of Imitation and of the faculty of Imagination, (more particularly in cases where they co-operate together,) are incomparably more curious, than if he had actually succeeded in ascertaining the existence of his boasted fluid: Nor can I see any good reason why a physician, who admits the efficacy of the *moral* agents employed by Mesmer, should, in the exercise of his profession, scruple to copy whatever processes are necessary for subjecting them to his command, any more than he would hesitate about employing a new *physical* agent, such as electricity or galvanism. The arguments to the contrary, alleged by the Commissioners, only show, that the influence of imagination and of imitation is susceptible of a great abuse in ignorant or in wicked hands; – and may not the same thing be said of all the most valuable remedies we possess? Nay, are not the mischievous consequences which have actually been occasioned by the pretenders to animal magnetism, the strongest of all encouragements to attempt such an examination of the principles upon

which the effects really depend, as may give to scientific practitioners the management of agents so peculiarly efficacious and overbearing? Is not this mode of reasoning perfectly analogous to that upon which medical inquirers are accustomed to proceed, when they discover any new substance possessed of *poisonous* qualities? Is not this considered as a strong presumption, at least, that it is capable of being converted into a vigorous remedy, if its appropriate and specific disorder could only be traced; and has it not often happened, that the prosecution of this idea has multiplied the resources of the healing art?

The well-imagined and satisfactory experiments upon *Tractors*, published by that eminent physician the late Dr Haygarth, lead manifestly to the same conclusion; and, while they expose the futility of the theoretical views connected with the supposed virtues of these *material* instruments, evince the medical importance of the *intellectual* principles, which they point out as the real causes of the phenomena in question.

As bodily affections seem to be, in certain cases, contagious, where they are altogether unaccompanied by any mental passion or emotion, so, on the other hand, the passions and emotions felt, or supposed to be felt by one individual, have a tendency to spread among his companions, even without the intervention of any external expression manifested in the appearance . . . Where a number of men, however, are collected upon any occasion of common concern, and on which the feelings of all may be expected to be in unison, – on any occasion, for instance, of public festivity or of public mourning, – the impression produced in each will be greatly augmented; and it is accordingly apt, in such cases, to vent itself in tears, either of joy or of sorrow, even among characters whom the event in question would, in their solitary hours, have scarcely affected with any emotion whatsoever.

The devotional feelings are, in like manner, roused and exalted merely by the presence of others met together in the same place of worship; and *that* independently of any external rite, and often when all around are composed and silent.

When the two former suppositions are combined, – that is, when the feelings of a crowd are in unison, or conceived to be in unison, from the operation of some common cause, and when, at the same time, these feelings begin, in a few individuals, to manifest themselves by strong bodily agitations, the effect is likely to be incalculably great; the mind at once acting on the body, and the body re-acting on the mind, while the influence of each is manifested by the inexplicable contagion of sympathetic imitation . . . In the history of human nature, few facts are more curious or more important than this; that where immense numbers of men are collected on the same spot, and their physical force is the most irresistible, their minds are the most easily subdued by the authority of (what they conceive to be) the voice of wisdom and of virtue.

WILLIAM BLACK (1749–1829)

MD Leyden, LRCP, physician of London, medical statistician and historian

A dissertation on insanity: illustrated with tables, and extracted from between two and three thousand cases in Bedlam, 1810 *London, Ridgway* (pp. 32) pp. 12-4, 18-22, 24-8

A second edition 1811

Few facts about the causes, duration and termination of insanity based on a series of cases emerged before the late eighteenth century. In the seventeenth century Francis Bacon when discussing 'The Length and Shortnesse of Mans Life' noted that 'Many mad folks in *Bethleem* Hospital, in the Suburbs of *London*, live very long' (*The historie of life and death*, 1638) and Graunt in 1662 calculated the London citizen's chance of dying 'Lunatique'. The information given in Spital Sermons about Bethlem Hospital and in the reports of St Luke's was confined to yearly admissions, discharges and deaths besides administrative matters, as was the short-lived annual *True report of the great costs and charges of the five hospitals in the City of London*, 1645–56 a broadsheet published during the Commonwealth. But in 1788 Black (who in 1781 had applied unsuccessfully for the post of physician to St Luke's Hospital when S. F. Simmons [*q.v.*] was appointed) attempted to elucidate age and sex incidence, type and duration, causes and prognosis including relapses of insanity, and to evaluate remedies from records of 'between two and three thousand cases' admitted to Bethlem Hospital from 1772 to 1787 supplied to him by John Gozna, apothecary to the hospital 1772–95. He published his results as a chapter in *A comparative view of the mortality of the human species . . . and of the diseases and casualties by which they are destroyed or annoyed*, 1788 (London, Dilly), and republished them twenty-two years later in the improved and extended version quoted here. Black therefore was the first who attempted to advance psychiatry by examining a large series of cases by the numerical method. His 'Table of the Causes of Insanity' shows not only the care with which the conscientious apothecary Gozna investigated his patients, but is of special interest because it lists what were regarded as important emotional and physical causes of mental illness. Incidentally Black referred among 'other amusements and exercises' to what has been reintroduced in recent years as psychodrama as an aid to the recovery of mental hospital patients: 'in the large Lunatic Hospital near Paris, the Patients were encouraged to *Act Plays*, and . . . this . . . pleasing remedy, has been found very conducive to their recovery . . . How far [it] . . . might conduce . . . to the recovery of Lunaticks in this Island, remains yet to be tried'.

Dr. Monro jun. introduced me to the late Mr. Gozna, the Apothecary of Bedlam, whose curiosity and long experience induced him to keep a private register of all the patients.It was merely a concise abstract of the sexes, ages, causes, prominent features, cures, relapses, discharges, deaths, &c. With all these detached notes, Mr. Gozna most obligingly furnished me; and it is from the records of this intelligent gentleman that I am enabled to form the following tables and data. The materials are extracted from many volumes; they are condensed, classed and arranged into a narrow compendium, with no little trouble and fatigue to the Author.

The following are the general propositions which I shall endeavour to demonstrate, and upon them to found a multitude of others: the respective proportion of Insane males and females; the ages; the mischievous and the harmless; and those who attempted suicide; the length of time they were insane before admission; the various remote causes; the cured, incurable, relapses, discharges and deaths; the general prognosticks and remedies.

The usual number, on a general average of Patients in Bedlam is 250, of which 100 are stationary incurables, male and female; and who remain there untill they either die or are discharged, for reasons hereafter to be explained. The remaining majority are a moving body, upwards of 200 of whom are annually admitted, and the same number annually discharged. The difference of males and females is inconsiderable, in general the latter rather preponderate . . .

Admitted into Bedlam from 1772 to 1787.

Under 10 Years of Age	1
From 10 to 20	132
20 to 30	813
30 to 40	908
40 to 50	652
50 to 60	266
60 and upwards	78

Of the above number were denominated

Mischievous	743
Not Mischievous	886
Attempted Suicide	323
Committed Murders upwards	20

Above one half of the patients in Bedlam, females as well as males, especially at the beginning, have attempted some mischief against themselves or others. In the preceding list, exclusive of Suicides, there are above a score of atrocious murderers: there are parricides, and butchers of their own offspring. These mischievous acts, and attempts were in various ways; by jumping out of windows, hanging, drowning, stabbing, shooting, tearing off their clothes, setting fire to houses, &c. Some were

mischievous by overt acts of malevolence, others by threats only. Some not mischievous at first have become so; and *vice versa*: and some reported as not mischievous have afterwards hanged themselves.

But by far the great majority of Patients in Bedlam, except at temporary intervals, and exacerbations, walk peaceably about the long wards. Separate confinement in their cells, strait waistcoats, and in the ferocious maniac handcuffs and chains, soon render them tractable and obedient. I have for months walked and conversed with hundreds of them without the least alarm. A very small number even of the Incurables, are kept as wild beasts, constantly in fetters. Some by time and long confinement in the Incurables, and who were extremely vicious, and dangerous, became harmless, and are then discharged. Many persons universally considered as insane will at times act, converse and reason acutely upon various subjects until some particular mental string or chord is touched . . .

A Table of the Causes of Insanity of about one third of the Patients admitted into Bedlam.

Misfortunes, Troubles, Disappointments, Grief	206
Religion and Methodism	90
Love	74
Jealousy	9
Pride	8
Study	15
Fright	51
Drink and Intoxication	58
Fevers	110
Childbed	79
Obstruction	10
Family and Hereditary	115
Contusions and Fractures of the Skull	12
Venereal	14
Small Pox	7
Ulcers and Scabs dried up	5

Of the Cured, Incurable, Relapses, and Deaths in Insanity, illustrated by the following Table of Cases in Bedlam from 1772 to 1787.

Cured	924
Incurable	1694
Relapses	535
Deaths	250

Not one half of the Insane are reported as cured. And from these we must also subtract for *Relapses*; which, it is probable, would sink the Cured radically to 1 of 3. The Cured are reported in all the intervals, from one month to one year. I do not perceive so great a difference in the recovery from either age or cause, as might, *a priori*, be expected. There

are cured and incurable at all ages, promiscuously, and from all the different causes, whether adventitious or hereditary. Fever, child-bed, and venereal, are considered as cases not so refractory in the cure. I find several instances of recovery when hereditary from the parents on both sides. In some, when the disease was entailed, it has made its appearance in all the intervals from puberty to fifty years of age. I was struck with one curious circumstance of hereditary Insanity from both parents, in a sister and brother, and nearly about the same time, one of whom was melancholic and the other Maniac.

From all the different causes depressing and stimulating, I observe Mischievous and Harmless, and this seems to make no material difference in the cure; numbers who had attempted suicide, and some who had committed murders are in the Cured List. In some degree of Mania more favourable hopes are entertained than in gloomy Melancholy. We also draw unfavourable prognostications from indecency, and from insensibility when performing the ordinary functions of nature, from no intermission or remission; from frenzy, epilepsy, palsy, tabes. Physiognomy is another index of rational prognostic. There are some few instances of recovery after one, two, or even three years privation of reason . . . I find recoveries after *reiterated Relapses*, and the prognosticks in these are almost as favourable as though it had been the first attack. No disease is more prone to Relapses; these are at various intervals in different persons, from one to upwards of twenty years, and during this period either one or more relapses. Multitudes of these relapses were either after being discharged cured from Bedlam, or before they were brought there for admission. There are a few instances when even the sagacious Physician of that Hospital has been deceived, and when, after apparent recovery, and the subsequent lunatic quarantine, patients have been discharged with sound bills of health, but on the same day have relapsed, and even before their departure from the House.

Of the Discharged and Dead. Formerly the Mortality in Bedlam was swelled by Small Pox and Scurvy, both of which are now obviated. We know that melancholy and confinement disposes to Scurvy, but by an increase of vegetable diet this disease is no longer in the mortal Catalogue. The mental derangement, no doubt, adds to the mortality: many discharged as troubled with Epilepsy and Palsy must have fallen into those diseases posterior to their admission, as they are always an exclusion from the Charity: and it is observed that few are cured without the cessation of the fits. More comparatively die of Patients recently admitted into Bedlam, than of the stationary incurables. The Insane commonly die of Frenzy, Apoplexy, Palsy, Epilepsy, Convulsions, Atrophy, and nervous Tabes. If we were to add the discharged sick and weak, the Palsy, Fits &c. I believe lunatic mortality would considerably exceed what appears in the registers; many of these were on the confines of the grave. It is a rule with all our Hospitals and Dispensaries, to sink this item as low as possible.

WILLIAM SAUNDERS HALLARAN
(?1765–1825)

MD Edin., physician to the Lunatic Asylum, South Charitable Infirmary and House of Industry, Cork; owner of a private asylum at Cittadella near Cork

1. *An enquiry into the causes producing the extraordinary addition to the*
& *number of insane, together with extended observations on the cure of*
3. *insanity; with hints as to the better management of public asylums for insane persons*, 1810 *Cork, Edwards & Savage* (pp. viii+119) pp. 101-6; 44-8

2. *The same*, second edition entitled *Practical observations on the causes and cure of insanity*, 1818 *Cork, Hodges & M'Arthur* (pp. xiv+213) pp. 7-9, 13-4, 20-1

The first Irish lunatic asylum was founded by the will of Jonathan Swift, Dean of St Patrick's, Dublin by which he left the bulk of his estate for 'an Hospital large enough for the Reception of as many Ideots and Lunaticks as the annual income of . . . [his] Lands and Effects should be sufficient to maintain', a gift he described in the famous lines:

> 'He gave the little Wealth he had,
> To build a House for Fools and Mad;
> And shew'd by one satyric Touch,
> No Nation wanted it so much.'

Appropriately he 'directed that the said Hospital should be called Saint Patrick's Hospital' (*The charter of his majesty King George II. For erecting and endowing St.Patrick's Hospital*, Dublin, 1798). It was incorporated in 1746 the year after Swift's death and opened in 1757 for fifty patients. Swift had been much interested in mental aberration as his chapter 'A digression concerning . . . Madness' in *A tale of a tub* (1704) shows, had visited Bethlem in 1710 and became a governor in 1714. In his old age he developed a dementia which left him 'a quiet, speechless idiot' as John Boyle, Earl of Orrery recorded in *Remarks on the life and writings of Dr. Jonathan Swift*, 1752 which also contains some general remarks on 'Lunacy'.

The second Irish asylum was established in Cork by the Act of 27 & 28 Geo. III, c. 39, as an offshoot from the House of Industry and opened in 1789 with Hallaran as its first physician. He held this post to the end of his life and under his care it grew to hold 163 patients in 1810, the year of the first edition of his book. In 1817 he reported to the Select Committee of the House of Commons 'appointed to inquire into the expediency of making further Provision for . . . the Lunatic Poor, in Ireland' that the hospital had been further enlarged

and was 'capable of receiving two hundred and fifty persons . . . under the different modifications of mental alienation'. A large field had been acquired 'adjoining the asylum . . . for the purpose of enlarging the means of general recreation, and also of giving ample opportunity to the convalescents of moderate labour, in the exercise of horticulture, the benefits of which have been found to contribute, in a most striking manner, to their immediate tranquillity, as well as to the ultimate object of recovery'. Indeed it was Hallaran's concern to provide the most up-to-date treatment for his patients and especially minimum restriction with maximum occupation. This made Thomas Spring Rice (1790–1866) the Irish lunacy reformer and later Chancellor of the Exchequer single out the Cork Asylum as a model establishment: 'The Establishment at Cork' he deposed to the same Parliamentary Committee 'struck me as being the best managed, not only that I had ever seen, but ever considered or heard of, realizing all the advantages of Took's Asylum at York' – referring of course to the York Retreat conducted by the Tuke family.

AN

ENQUIRY

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NUMBER OF INSANE,

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ON THE

Cure of Insanity;

WITH HINTS AS TO THE

BETTER MANAGEMENT OF PUBLIC ASYLUMS

FOR

INSANE PERSONS,

Directed with a view to their more *immediate relief*; as well as the *distribution* of the charges appropriated to their support.

TO WHICH ARE ANNEXED,

Some necessary observations in reply to Doctor ANDREW HALLIDAY'S "Remarks on the present state of the Lunatic Asylums in Ireland."

BY WILLIAM SAUNDERS HALLARAN, M.D.

Senior Physician to the South Infirmary, and Physician to the House of Industry and Lunatic Asylum of Cork.

Feliciter sapit, qui alieno periculo sapit. PLAUTUS.

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LONGMAN, HURST, REES, ORME & BROWN, LONDON;
AND GILBERT & HODGES, DUBLIN.

1810.

FIG. 130 Title-page of W. S. Hallaran's *Enquiry* . . ., 1810.

Throughout his book – incidentally the first by an Irish physician on insanity – Hallaran laid stress 'on the Cure of Insanity', as indeed its title shows [FIG. 130], especially by suitable occupation for 'the convalescent maniac' combining

'corporeal action, with the regular employment of the mind'. This was no mere counsel of perfection but he actually put it into practice as the first extract shows, in which occurs also the first account of the benefit a patient derived from being allowed to paint. His figure of 'not . . . more than fifty out of six hundred and forty-two' patients not fully employed would do credit to any modern mental hospital. For potentially dangerous patients he invented a contraption allowing limited movement of the arms and legs to enable them to exercise in the open air instead of prolonging their close confinement as was customary and which had resulted in many developing 'a vicious disposition . . . as if from a consciousness . . . of injurious treatment, and the justice of resenting it'. Hallaran was progressive – even modern – when he recommended discharging convalescent patients considered 'incapable of further amendment' in the asylum: 'These I have invariably dismissed the house as soon as I could farely calculate upon their good conduct with respect to the public', and he added that he had 'often been very agreeably surprised' at the result.

He used the then modern physical treatments especially the swing so strongly recommended by Cox, by which he had 'never been at a loss for a direct mode of establishing a supreme authority over the most turbulent and unruly'; it had rendered the asylum 'remarkable for its tranquillity . . . regularity and order' and was 'particularly useful' in those presumably severely depressed patients on whom other measures had 'no influence . . . even to maintain the common energies of life'. By his modification of Cox's machine [see FIG. 131] four patients could be swung simultaneously in the horizontal or erect position at more than 100 rotations a minute. Nausea, vomiting, unconsciousness and finally deep sleep lasting eight to ten hours followed from which they awoke with their mad ideas 'totally altered'.

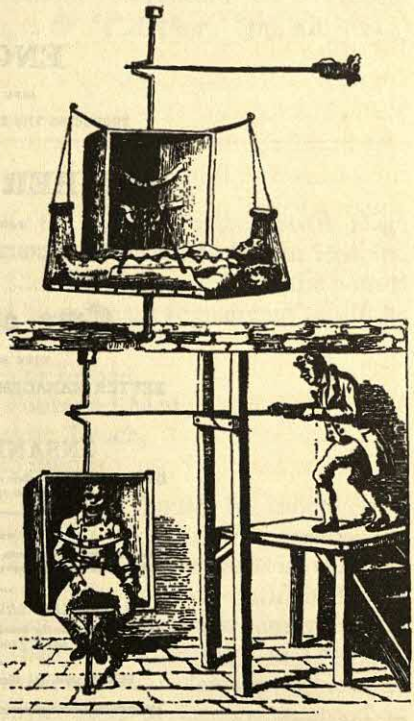


FIG. 131 Circulating 'swing capable of being revolved a hundred times in a minute' used in the Cork Asylum 'as an anti-maniacal remedy', from Hallaran's *Practical observations on insanity*, 1818, the second edition of his *Enquiry*.

Hallaran also gave much thought to psychological aspects and as the second extract (from the second edition of his book) shows, distinguished 'mental insanity' from insanity due 'to organic disease . . . affecting the brain' either primarily or secondarily, 'the "*Mania Corporea*" of Cullen'. This fundamental distinction led to many later advances made by the discovery and definition of organic conditions presenting as psychiatric syndromes of which the classical example was general paralysis of the

insane; while from recognition of 'mental insanity' and its study all psychotherapeutic endeavours grew. Interest in 'mental' or 'moral' treatment also led Hallaran to stress the importance of the first interview with a patient. His advice on how the psychiatrist should conduct himself forms the third extract from the works of this enlightened physician who first recognised the danger of, and combated 'institutionalisation' – the 'institutional neurosis' of today to which Reid (1816) pointed a warning finger and which later many deplored [see Arlidge 1859] and which even in this seventh decade of the twentieth century is still a very real evil.

WORK THERAPY

I should suppose it next to an impossibility for any person of moderate observation, to pass through the crowded apartments of the lunatic asylum of this city, without feeling sensations of surprise and regret, at meeting so many persons of both sexes, in rude health and vigour, who though still incapable in a great degree of mental action, are notwithstanding fully competent in many instances to manual labour. I do not by any means exaggerate when I assert, that at this time, there are not less than one hundred of this description, who, for want of some suitable occupation are obliged to loiter away the day in listless apathy! The consequences of this neglected and unavoidable sloth, attendant on the present principles of the institution, are deeply to be lamented; as constituting in many instances, a *pabulum* for the disease which it was intended to remove . . . It is to be admitted that amongst the large proportion above specified, there are a few, who, from previous habits of industry in the handicraft line, are ready to give assistance in the necessary repairs of the house as carpenters, tilers and whitewashers, when ever called upon. This disposition has been taken advantage of, not merely with benefit to the house: it has especially been promoted with the view of affording some interruption to the *tædium vitæ*, which is often with so much difficulty to be guarded against, and which is chiefly to be attributed to the want of more general occupation, in the public institutions appropriated to insane persons. Abundant proofs of this are continually occurring in the persons I have already instanced, who, during the term of their employment at moderate labour, never fail to enjoy the happiest state of oblivion from their real or imaginary grievances. Had the benefit arising from a temporary relief been confined to this measure of it only, it would in itself be sufficient to point out the necessity of inventing a more general and effectual remedy against the sedative influence of sloth and unwilling idleness. Happily however it has not rested here. The good effects which have resulted from the occasional employment of persons labouring under continued insanity, have also pointed out its more effectual advantages in others, where the latent powers of the mind only awaited a timely interference, to be warned of their existence. From a constant and studious regard to this design, the earliest attention is paid to the capacity

of every individual, in order to ascertain at the period of convalescence, the practicability of employing the mind, by any species of bodily exertion . . .

A young man . . . came under my care in a state of acute mania, and continued so full three months without any intermission. The symptoms having at length given way, he was treated as a convalescent patient, and every means tried to encourage him to some light work, merely as a pastime, but all to no purpose. Though the maniacal appearances had totally subsided, he still betrayed an imbecility of mind that bordered closely on dementia, and it was found impossible to excite in him the smallest interest either for himself, or in any measure for that which had been proposed for his amendment. This man had nearly been ranked amongst the incurable idiots of the house, when by accident he was discovered in the act of amusing himself, with some rude colouring, on the walls of his apartment. From the specimen he had then given, he was questioned as to his knowledge of drawing, and he, having signified some acquaintance with that art, was immediately promised colours of a better description, if he would undertake to use them. This evidently gave immediate cheerfulness to his countenance, and he shortly evinced an impatience for the indulgence proffered to him. On his being furnished with the necessary apparatus for painting, he immediately commenced a systematic combination of colours, and having completed his arrangements, he requested one of the attendants to sit for him. This essay was sufficient to satisfy me, that his recovery was not so remote as I had reason to suppose. The portrait was an exact representation of the person who sat before him, and in a few days there were several other proofs of his skill in this line, which bore ample testimony of his ability. He soon became elated with the approbation he had met with, and continued to employ himself in this manner for nearly two months after, with progressive improvement as to his mental faculties, when he was dismissed cured . . . There seems to be nothing wanting in this case to prove the necessity of adopting on a general principle, a systematic arrangement of daily labour, by which incurable maniacs, capable of corporeal exertion, may still acquire the habit of rendering themselves useful to society . . . To the convalescent also, this case in a particular manner holds up for imitation a practice of indisputable value.

BRAIN DISEASE AND MIND DISEASE

A principal object of this treatise is, to point out the practical distinction between that species of insanity which can evidently, *ab initio*, be referred to mental causes, and may therefore be denominated mental insanity; and that particular excitement which, though partaking of like effects, so far as the sensorium is engaged, might yet appear to owe its origin merely to organic disease. Authors on this subject seem, heretofore, to have

passed over this necessary consideration. Certain causes idiopathically affecting the brain, or arising from a specific, or secondary action, in the liver, lungs, or mesentery, do excite in persons predisposed, those peculiar aberrations of the will, which commonly denote an unsound mind. That this distinction is material, in the treatment of insane persons, cannot well be denied; any more than that a due observance of the causes, connected with the origin of the malady, is the first step towards establishing a basis upon which a hope of recovery may be founded. To enter into the mazes through which this pathological distinction might be reduced to physical certainty, is by no means my present purpose. The object is, to designate, as clearly as I can, the character of these two forms of the disease, by which I should hope to put practitioners on their guard against the common method of referring all maniacal symptoms to one general head; and, thereby, confounding the hallucination of the mind, as primarily the seat of the disorder, with the delirium, which is the associate of corporeal suffering, and to which it can be distinctly traced. This latter modification, at the same time, will be found to partake of delusions, which are inseparable from mental derangement, but which, on the other hand, are the ordinary symptoms of the idiopathic affection.

I have long entertained a practical distinction between these two species of insanity, from the conviction, that opposite modes of treatment are, in the first instance, to be determined on. I am willing to admit, that the malady, though differing in its origin, is in effect the same; owing its existence, as accident may direct, in one person to mental, in another to organic impressions. In the mode of cure, however, I would inculcate the necessity of the most cautious attention to this important difference, lest, as I have often known to be the case, the malady of the mind, which is, for the most part, to be treated on moral principles, should be subjected to the operation of agents altogether foreign to the purpose; and, that the affection of the body, arising from direct injury to one or more of the vital organs, may suffer by the neglect of approved remedies.

To illustrate this seemingly paradoxical position, I would advert to the many well authenticated instances of insanity, as they have occurred within the last twenty-five years especially, and are noted on the records of our Lunatic Asylum. Amongst those are several which have owed their origin to mental causes, strictly speaking; such as dread of punishment, loss of friends, shame, sudden terror, remorse, &c. Having marked their progress, it was not difficult to contrast them with others of an opposite class, which had been occasioned by violent excesses of various kinds, and by which, the free action of the brain in particular, and of the lungs, together with the abdominal viscera in general, had been principally and individually engaged . . . Here I am aware of exposing myself to animadversion, by seeming to admit the existence of insanity, independently of that intimate connexion which has been so generally supposed to prevail between it and the brain. This, however, is not my intention: I would merely impress the

opinion, that though the brain is invariably more or less perverted in its functions, in all cases of insanity, and though it is under certain impulses, the primary point of attack, yet, that it is very frequently also but a secondary object, in a practical sense, and to be treated as such, even under the most urgent circumstances . . .

Mental delusions, inciting to suicide, have often occurred; and to my knowledge are now in danger of occurring, where no bodily infirmity has been ever ascertained to account for such a propensity. The present justly celebrated Doctor Gregory, of Edinburgh, was accustomed to relate a case, in his clinical lectures, very much in point, – of a man who, in a fit of insanity, had determined on self destruction; and, who had escaped from his house in London, at night, with the determination of precipitating himself from Westminster-bridge into the Thames. When about to complete his purpose, he was suddenly assaulted by an armed footpad, who threatened him with instant death. This not being the mode by which he had purposed to part with life, alarm for his safety instantly seized him, to the exclusion of the hallucination which had been but the moment before predominant. Being freed from his unsought danger, he, with altered sentiments, returned to his family, fully impressed with the criminality of his design, as well as relieved from the pressure of his previous perplexity. Are we, from this well authenticated fact, to infer, that the individual alluded to, had been at the time of so sudden a transition, from disease to health, a sufferer from the consequences of mere corporeal ailment? What form of bodily complaint could have been urgent, which, with such unexampled rapidity, was disposed to give way? We do not in general find diseases arising from organic lesion, disposed to assume the healthy aspect, with this convenient speed. The mind, we must here admit, had sickened, and was diseased. The sequel of this case enforces the conclusion: no proof of corporeal or organic injury had been alleged. On the contrary, the quality of the moral remedy applies to the mind alone, and cannot bear reference to any other than the mental affection.

THE PHYSICIAN AND THE MANIACAL PATIENT

The first introduction of a Physician to a maniacal patient, carries with it that extent of credence, by which his worth and quality are shortly decided upon. He immediately becomes subject to the closest scrutiny of all parties, and his actions are viewed with as much vigilance, as though the intent of his visit had been to inflict a punishment, rather than to heal a wound. To the patient especially he becomes a personage for minute observation, and even here, the conclusions drawn from exterior appearances are not by any means to be disregarded. That share of deference and estimation to which he would aspire, and which are so essential to the nature of his undertaking, will be freely granted, or as obstinately denied, according to the method by which they may be exacted at the first

interview. There are but few general rules by which his conduct in this instance is to be governed, and, as the first impression is of the highest moment, it cannot be regulated with too much caution. The vulgar and too generally received opinion, as to the necessity of a Physician making his first approach . . . with the assumed aspect of unbridled authority, bespeaks a principle sufficient to deter men of character from attending to this important department of the medical profession. That this has hitherto been a source of complaint and irreparable mischief, is a fact too well known to admit of contradiction . . . Maniacs when in a state to be influenced by moral agents, are not to be subdued *ex officio*, by measures of mere force, and he who will attempt to impose upon their credulity by aiming at too great a refinement in address or intellect, will often find himself detected, and treated by them with marked contempt. I have more than once seen this incautiously practiced in cases where the perceptive faculty had been but in part suspended, and where the patient had really conceived the gentleman in attendance to be insane; so fixed was this idea established, that all confidence and submission were at an end, no other care remaining but that of having the Doctor properly secured, to prevent his offering violence to himself or others. This observation, points out very forcibly the impropriety of holding the indiscriminate intercourse with the different gradations of insanity, which is to be met with in large establishments; it requires to be so particularly guarded against, that I have in consequence made it a special point on my *review days*, to converse for a few minutes with each patient, on the subject which appeared to be most welcome to his humour . . . The mental exertion employed amongst the convalescents by this species of address is very remarkable, and the advantages flowing from it are almost incredible . . . On the whole, it will be found that the less notice there can be taken even of the most obstinate fantasies of the insane, the less disposed will they be to retain them. So fully satisfied am I of this, that I never think of diverting them from their opinions, until they begin of themselves, to show surprise at their credulity. On the contrary, I make it a rule rather to coincide with their greatest extravagancies, unless where the delirium of fever would enjoin the strictest silence, or the disposition to commit an injury, a positive interdiction.

JOHN THELWALL

MENTAL AND MORAL DEFICIENCY, 1810

A LETTER

TO

HENRY CLINE, ESQ.

ON

Imperfect Developements of the Faculties, Mental and Moral, as well as Constitutional and Organic; and on the Treatment of Impediments of Speech.

BY JOHN THELWALL, ESQ.

PROFESSOR OF THE SCIENCE AND PRACTICE OF ELOCUTION.

London:

Printed by Richard Taylor and Co., Shoe-Lane.

And sold by Messrs. Arch, Cornhill; Ridgeway, Piccadilly; Kent, Holborn; Mackie, Crook-Street, &c.

M.DCCC.X.

FIG. 132 Title-page of the first book on '*Imperfect Developements of the Faculties, Mental and Moral*', 1810, that is mental and moral deficiency.

John Thelwall (1764–1834) was a political reformer whose radical views brought him to the Tower of London and to trial at the Old Bailey before he devoted himself to the treatment of speech impediments. He endeavoured to combine in his approach both 'Physiological and Elecutionary Science', a task for which he was well equipped by some medical training at St Thomas's and Guy's Hospitals and attendance at John Hunter's lectures, as well as by the circumstance that he himself had mastered a childhood stammer to become a successful public speaker. In the course of his work with handicapped children especially the deaf and blind he distinguished from 'incurable idiotism' a condition in

which the child's mind is 'contracted in its sphere of activity by physical privation' producing a picture of 'supposed Deficiency of general Faculty'. Sensory deprivation as it is called today is a well recognised cause of apparent mental defect. Thelwall was particularly concerned with another theme topical at the present time, namely that much can be achieved in 'cases of amentia' by proper individualised training: 'I have seen enough of the progress of development, in faculties apparently the most inert, or unpromising,' he wrote, 'to be confident – that many a human being has been consigned to speechless inanity, that might have been trained, at least, to a respectable mediocrity of mind and faculty; and that, in many instances, what, in early childhood was only habitual ineptitude, or cherished excentricity, has been suffered to mature itself into drivelling idiotism, and mental disorganization . . . For the full attainment of so serious an object as developing defective or neglected faculties, there must be a system of education particularly adapted to the specific case'. Having to work without the help of intelligence tests it is interesting to read how he distinguished 'intellectual *capability*' from actual performance by close observation of behaviour, physiognomy and testing for 'any deficiency of *perceptive* faculty'. In Thelwall's time the only condition clearly separated from the group of 'idiocy' was 'Alpine Idiotism' also called 'Cretinage . . . and the persons afflicted with it . . . Cretins', about whom he quoted freely from John Abercrombie's [*q.v.*] Edinburgh MD thesis *De fatuitate Alpina*, 1803. The 'regular treatise and classification of the Cause of Idiocy' which Thelwall 'meditated' was unfortunately never written but had to wait another fifty-six years for the publication of *A manual for the classification, training, and education of the feeble-minded, imbecile, & idiotic*, 1866 by Drs P. M. Duncan and W. Millard [see also Howe, p. 966].

BRYAN CROWTHER (?–1815)

MRCS, surgeon to Bridewell and Bethlem Hospitals 1789–1815, and to the parish workhouse of St Clement Danes

Practical remarks on insanity; to which is added, a commentary on the dissection of the brains of maniacs; with some account of diseases incident to the insane, 1811 *London, Underwood* (pp. viii+130) pp. 22-9, 41-2, 44, 48-50

This was the first book 'on insanity' by a surgeon to Bethlem Hospital and the first of a number 'On the dissection of the brains of maniacs' which appeared in the early decades of the nineteenth century. Crowther had succeeded to his father's post and wished to record some observations after twenty-two years' experience in order to add that 'little to the stock of information on this subject . . . which my moderate abilities have been able to glean'. 'With anecdotes of Bethlem . . . I could fill a volume' he wrote but confined himself in the main to common surgical conditions he had seen and to his experiences in other duties at the hospital. These included 'Venesection' one of the standard remedies: 'The curable patients' he recorded 'are regularly bled about the commencement of June, and the latter end of July' and on occasion he bled as many as '150 patients at one time'. He observed that insanity was no preservative from other diseases as Mead and Cox had suggested and which 'was generally supposed . . when I was an apprentice', and indeed stressed that the insane were as likely to suffer from disease and exposure as other people. To demonstrate this he carried out a follow-up study (one of the earliest in the literature) of patients whose stay at Bethlem had been complicated by small-pox, and found that the proportion of their recoveries was no greater than that occurring spontaneously 'without the introduction of this malady'. He devoted a chapter to 'Mortification of the Feet from cold' and to 'Sphacelus [necrosis] of the Toes', both not uncommon since patients were kept in unheated cells with unglazed windows, many of them manacled by their ankles and bedded in straw; and he introduced a new method of treating 'Mortification of the Nates' or bed-sores 'a calamity which happens frequently to the helpless insane', and was in fact the first who wrote about this often fatal complication.

It was also Crowther's province to perform postmortem examinations and his experience of the 'appearances of the brain . . . on dissection' was as large as anyone's. Although he made no pathological discoveries his negative conclusion 'that the intellectual faculties do suffer derangement, under circumstances not connected with bodily disorder' (incidentally he dismissed as not significant calcification of the pineal gland which had been considered a cause of insanity since the days of Descartes) provided valuable encouragement to physicians like those of the York Retreat who were pioneering moral as opposed to medical

treatment. Crowther's conclusion was opposed to that of Andrew Marshal (1742-1813), MD Edin., LRCP, member of the Corporation of Surgeons, teacher of anatomy in London whose book *The morbid anatomy of the brain in mania and hydrophobia*, 1815 (edited posthumously by S. Sawrey) followed soon after his. But the great John Hunter [see p. 491] agreed with him since at a medical meeting in 1789 when Marshal made the generalisation that in all cases 'the brain was . . . materially affected in mania' he was 'rudely attacked by Mr Hunter' who must have felt strongly on the subject as 'the dispute ended in a personal quarrel with his former pupil'.

A curious omission in Crowther's book is Haslam's name, his colleague on the staff of Bethlem Hospital who does not appear although Ferriar, Cox, Pinel, Hallaran and of course his chief Thomas Monro are mentioned. This suggests ill feeling between them which is supported by the fact that on 19 May 1815 almost exactly a month after Crowther's death, Haslam deposed before the Parliamentary Committee that 'Mr. Crowther was generally insane and mostly drunk. He was so insane as to have a strait-waistcoat . . . I think the period of his insanity was about 10 years . . . he was so insane, that his hand was not obedient to his will'. To check this we inspected specimens of Crowther's handwriting preserved in the Bethlem Archives, mostly signatures for receipt of salary. These show the regular tremor gradually increasing in severity over the years found in sufferers from Parkinson's disease but none of the gross irregularities associated with alcoholism, severe mental illness, or dementia. (This is a good example of how neurological symptoms like tremor, ataxia, even aphasia used to count as signs of insanity.) Haslam's accusation was later also contradicted by Thomas Monro in his *Observations . . . upon the evidence taken before the Committee of the House of Commons . . . Read before the Governors [of Bethlem Hospital] . . . on the 30th of April 1816* (printed at Bridewell Hospital) that on no occasion 'had I personally any reason to believe he was either drunken or insane'.

DISSECTIONS OF THE BRAINS OF MANIACS

It has been a question with many practitioners, and frequently put by students in medicine – what are the appearances of the cerebral organ and its membranes on dissection? and how are the obvious manifestations of disease to be held as the cause or effect of insanity? . . . The general appearances of disease, consist in opacity of the arachnoid membrane, which was sometimes occasionally thickened; a preternatural determination of blood to the membranes, as well as the brain; together with an effusion of water between its membranes, its convolutions, and into the ventricles. Exclusive of these manifestations of unhealthy structure, we noticed the occurrence of occasional ossification of some of the arteries, and have remarked the pineal gland to be charged with sabulous matter. But as the former is a condition of vascular alteration, incident to advanced age; and which observation is confirmed by dissections within the hospital; so the other affection, that of the pineal gland, is such as will be found to exist very generally in the heads of persons who never laboured under

intellectual derangement. As these appearances of morbid affection have not produced symptoms indicative of mental incapacity, surely it is fair to disregard them as causes of insanity, and to imagine them the effects of an insane mind; they ought otherwise to be more constantly observed in dissections of the brains of maniacal patients. One anatomical teacher of acknowledged eminence entertained the opinion, that the brains of maniacal persons were always morbidly affected; but after having examined a number of additional cases, and not observing in many heads any vestige of actual disease, he was led to the conclusion, that the cause of insanity did not consist in diseased affection of the brain. Another gentleman, whose anatomical skill is also acknowledged, inspected in Bethlem Hospital several heads at my request, some of which he declared, had they been examined elsewhere, he should have pronounced to have had no unusual appearance.

One instance occurred, exhibiting an assemblage of all the varieties of altered structure, as before described, with a greater accumulation of water than I had before or have since seen; yet the patient's behaviour, in my mind, evinced that a lucid interval had occurred. This person was a furiously deranged madman; but within an hour or two previous to his dissolution, he requested a person to sit down and pray with him, as he felt, that, 'he had but a short time to live': he earnestly joined in the devotion. Which circumstances, I think, fully justify the conclusion, that had his insanity been occasioned by the diseased appearances, manifest on opening the head, such lucid interval could not have taken place . . .

Dr. Black, a very recent writer upon insanity, expresses himself thus: 'the pretended discoveries of the anatomical knife, and the specific gravity of the brain, are equally conjectural; and many of these pretended discoveries by morbid dissection, might, with more probability, be ascribed to the effects than to the cause of the disease'. If Dr. Black alludes to the examinations of heads of persons who have died in Bethlem Hospital, I answer for no person's pretension to discovery, but assert that very desirable information has been obtained, in as much as that the appearances on dissection are not to be considered either cause or effect of insanity; but still I conceive that the knowledge of the one circumstance or the other, or neither to exist, is no small importance to practice . . .

Without adverting to conjectural opinion, as it regards mental disease, still in mania we must admit, that the intellectual faculties do suffer derangement, under circumstances not connected with bodily disorder. It is this circumstances which, in my mind, constitutes the distinction that exists between the two maladies of mania and delirium. The first is a positive indisposition of the mind, free from bodily infirmity; whereas the other can but be considered as a symptom attendant upon some corporeal affection. That the insane are subject to diseases, incidental to such as are of sound mind, cannot be denied, and it is under this circumstance that the physicians to insane asylums have the twofold opportunity

of directing the necessary medicinal treatment of their patient, conjointly with proper management; and it is in these instances that they deservedly merit a distinction from others, who have neither been conversant nor acquainted with mad persons.

THE EFFECT OF LOCAL DISEASES IN CASES OF VESANIA

The occurrence of surgical complaints in maniacal cases have not appeared to me to have the least influence upon the mental disorder itself, nor indeed has it seemed that mania has been either aggravated or diminished by any such bodily affection. The many cases of sphacelus I have attended in and out of the Hospital, notwithstanding the consequent suppuration and irritation produced, have not manifested any way whatever, that they have operated upon the disordered mind . . . Besides, had I experienced any relief during my attendance on the insane, on account of complaints requiring surgical assistance, I should have assuredly communicated my observations to Dr. Monro, the present able and learned physician of Bethlem Hospital, whose scientific mind would have readily suggested to itself, imitative means by the aid of surgery, for the accomplishment of such a desirable event . . .

When I was an apprentice, it was generally supposed and asserted, that no two diseases of the habit existed at the same time, and in the same patient. Yet I have seen a triple alliance of syphilis, scrofula, and cancer; and the existence of constitutional venereal affection, with scrofula, I have repeatedly noticed. As to the immunity mad people are said to enjoy, in case of a prevailing epidemic disorder, I think that seclusion from the world would the more readily account for their exemption from contagion, as not being placed within the sphere of its action. I agree with the learned writer, that, medically speaking, we possess a variety of means of exciting a new disease; and were it capable of removing insanity, I propose, in behalf of those who have had the small-pox, to contaminate their system at the point of the lancet, by introducing the virus of la grande verole. The introduction of this complaint would have a two-fold benefit, as, independent of the disease, the remedy necessary for its removal, according to Dr. Cox, would of itself be capable of exciting 'a new order of symptoms, creating considerable commotion in the animal economy, interrupting the morbid association, and even occasioning temporary disease'. We will . . . see how far the infection of small-pox has been a means of removing insanity. In the year 1783 no patient took the complaint, but in the nine following years, 27 persons received the natural small-pox. – This circumstance tends, in my mind, to invalidate one of Dr. Meads Monita, and some of Dr. Cox's inferences . . . those who recovered of their maniacal affection after small-pox, were in the proportion of 5 to 3, and as this forms too nearly the aggregate of mad persons who recover without the intervention of this malady, my esteemed friend's observation is of the less importance.

BENJAMIN RUSH (1745–1813)

BA Princeton, MD Edin., professor of chemistry (1769) and of the theory and practice of medicine (1789), College of Philadelphia; professor of the institutes of medicine (1792) and of the practice of physic (1796) University of Pennsylvania; physician to the Pennsylvania Hospital 1783–1813; signatory to the Declaration of Independence

1. *Medical inquiries and observations, upon the diseases of the mind,* 1812 *Philadelphia, Kimber & Richardson* (pp. 367) pp. 45-53, 175-213

   A fifth edition 1835

2. *On the different species of phobia.* In: *The Weekly Magazine of Original Essays, Fugitive Pieces, and Interesting Intelligence,* 1798 *Philadelphia* Vol. 1, pp. 177-80

Physician, patriot, philanthropist, reformer, teacher of medicine and keen clinical observer styled the American Sydenham, enthusiastic therapist and advocate of large bleedings for which he was also called the modern Galen or lancet loving physician of Philadelphia, Rush presents a curious mixture of the original and credulous, the liberal and the fanatic, the progressive and the hidebound. Nothing shows this better than his attitude to the insane whose conditions he strove to better on the lines of the best English institutions, whom he studied psychologically and yet treated as harshly as he did yellow fever, whose chains he abolished but substituted the most complete restraining device – the tranquillising chair [see FIG. 134] – ever invented by the ingenuity of man. Details of his practice and how he thought about insanity are recorded in *The history of the Pennsylvania Hospital* by T. G. Morton and F. Woodbury (Philadelphia 1895) and in his own *Autobiography* (edited by G. W. Corner, Princeton 1948) and *Letters* (edited by L. H. Butterfield, Princeton 1951)

In 1787 he was placed in charge of the insane patients in the Pennsylvania Hospital who numbered between thirty and forty and soon began his long series of memorials to the Managers of the Hospital containing suggestions for their better accommodation, greater freedom and so on. At first he relied chiefly on hot and cold baths [see Blair, p. 325] but in 1795 adopted the view that 'mania is in nearly all cases accompanied by inflammation of the brain' and so started his notorious copious bleedings – up to forty ounces at a time. In 1796 his success and a new wing for insane patients greatly enlarged his practice, and 'purges, low diet, salivation' were added to his treatment. When Francis Willis senior [see p. 510] wrote to him recommending blistering the ankles instead of the head or neck Rush at once adopted this with the modification of sometimes

MEDICAL INQUIRIES

AND

OBSERVATIONS,

UPON

THE DISEASES OF THE MIND.

BY BENJAMIN RUSH, M. D.
Professor of the Institutes and Practice of Medicine, and of Clinical Practice, in the University of Pennsylvania.

PHILADELPHIA:
PUBLISHED BY KIMBER & RICHARDSON,
NO. 237, MARKET STREET.
Merritt, Printer, No. 9, Watkin's Alley.
.....
1812.

FIG. 133 Title-page of Benjamin Rush's *Medical inquiries*, 1812.

blistering the wrists; similarly soon after Cox's *Practical observations* [see p. 594] appeared he had a 'gyrater' built and added mechanically produced vertigo and shock to his armamentarium. In 1810 he advised his son then touring England to visit Catharine Cappe [see p. 729] and his old acquaintance Alexander Hunter at the York Asylum, in London Bethlem Hospital, some private madhouses and especially to meet 'Dr. Dunston, the physician of St. Luke's Hospital . . . eminent for his knowledge of the diseases of the mind' and to tell him about his new 'Tranquillizer' [see FIG. 134].

In 1812 he published *Medical inquiries* 'the result of the reading, experience, and reflections of 50 years upon all the forms of madness' in which he 'endeavored to bring them down to the level of all the other diseases of the human body, and to show that the mind and body are moved by the same causes and subject to the same laws'. It was the first and for long the only American treatise on the subject. In it he gave his reasons for rejecting 'the abdominal viscera, the nerves, and the mind, as the primary seats of madness' and why he believed its pathology lay 'primarily in the blood-vessels of the brain' and depended 'upon

the same kind of morbid and irregular actions that constitute other arterial diseases'. Among his arguments was the therapeutic one already used by Nicholas Robinson (whose book he quoted and whose plan of 'the largest Bleedings' he followed to its literal extreme) that 'the remedies which most speedily and certainly cure it' are 'exactly the same as those which cure fever or diseases in the blood-vessels from other causes'. The exciting causes of 'intellectual derangement' he considered were 'such as act *directly* upon the body; and such as act *indirectly* upon the body, through the medium of the mind' since a 'phrenitic predisposition' could also affect 'that part of the brain which is the seat of the mind' and so lead to more easy and prompt communication of 'deranged action to the blood-vessels', and treatment should be directed through both media accordingly.

The extracts chosen represent the contrasting aspects of Rush's personality in his work: some astute psychological observations including that depression 'may be induced by causes that are forgotten'; the first account of similar mental illness ending in suicide in twins, presumably identical, due to 'a peculiar and hereditary sameness of organization' on the study of which so much contemporary research into the etiology and types of mental illness is based; and in abbreviated form his apology for bloodletting and other treatments. It is a fascinating indicator of how his various interests were fused in his mind that he seriously believed that the opposition to bleeding was political and arose from the well-known English dislike of all things French which extended to their practice of bleeding in fevers (*A defence of blood-letting* in: *Medical inquiries and observations*, 1796, vol. 4).

Rush invented a number of new terms which though never generally used, do show that in psychiatry new concepts of diseases and new grouping of symptoms or a shift of emphasis often act to leaven clinical stagnation by directing attention to overlooked areas of observation. Among these were 'Tristimania' for a 'form of madness when erroneous opinions respecting a man's person, affairs, or condition, are the subjects of his distress' replacing 'hypochondriasis' and 'melancholia' which was reserved for partial insanity in which the error of the mind 'extends to objects external to the patient'; 'Amenomania' for 'a higher grade of hypochondriasis' going over into frank madness; 'Manicula' for 'Mania' in a 'reduced' or 'chronic' state; 'Manalgia' for a 'general madness' characterised by 'taciturnity, downcast looks, a total neglect of dress and person . . . indifference to surrounding object, insensibility to heat and cold' and 'sometimes a fixed position of the body' – the picture of catatonic schizophrenia; 'Demence or Dissociation' for a mixed bag of poor intelligence, hysterical temperament and even hypomania since it 'occurs more frequently in paroxysms and is sometimes succeeded by low spirits' – mentioned here only because of the importance of the concept of dissociation in modern psychiatry as the result of Janet's emphasis on this aspect of 'hysterical' symptomatology.

The second extract is a greatly abbreviated version of a lesser known piece in which Rush in a half humorous vein parodied his former teacher Cullen's love of nosology by dividing phobias into eighteen species according to the object or situation feared. Little could he have realized that this *jeu d'esprit* would be taken so seriously that terms like claustrophobia and agarophobia are still to be found in psychiatric dictionaries and textbooks.

Rush's collected writings also contain interesting psychiatric observations as for instance *An inquiry into the influence of physical causes upon the moral faculty*, 1786 (and reprinted in *Medical inquiries and observations*, 1793, vol. 2) where he pointed out that whereas 'our books of medicine contain many records of the effects of physical causes upon the memory – the imagination – and the judgment' giving rise to the clinical states called respectively 'amnesia', 'melancholia' and 'mania' and defect of all three 'amentia', no author had discussed diseases of 'the moral faculty' (James Beattie's term) defined as 'the power in the mind, of distinguishing and chusing good and evil'. Yet asked Rush 'Where is the physician, who has not seen the moral faculty . . . wholly changed by a fit of sickness', by delirium, after recovery from 'a nervous fever' and by 'those species of palsy which affect the brain'. His remarks on this subject were important not only because he drew attention to the fact that the personality may be altered by disease of the nervous system without equivalent deterioration in intellectual capacity, but also because of their development in J. C. Prichard's concept of 'moral insanity'.

In his very popular *An inquiry into the effects of ardent spirits upon the human body and mind* (reprinted in *ibid*, pp. 337–84) so frequently reprinted that there is uncertainty when it first appeared, he made one of the earliest references to an experiment in what is today popular as aversion treatment utilising 'that operation of the human mind, which obliges it to associate ideas, accidentally or otherwise combined, for the cure of vice'; 'by means of other impressions' he claimed it should be possible 'to destroy . . . the influence of all those circumstances, with which the recollection and desire of spirits are combined'. To prove this he 'tempted a negro man, who was habitually fond of ardent spirits, to drink some rum' in which he 'had put a few grains of tartar emetic'. This 'sickened and puked him to such a degree, that . . . he could not bear the sight, nor the smell of spirits, for two years afterwards' – perhaps as good a result as one can expect. Restriction of the use of alcohol was a subject of reform near to his heart (with the abolition of the death penalty and the 'gradual freeing of slaves') and in his commonplace book there is a short 'Plan for an Asylum for Drunkards to be called the Sober House' written in 1810.

DEPRESSION

To the history of the causes of derangement which has been given, I shall add, that that form of it which has been called hypochondriasis, is sometimes induced without either the patient or his friends being able to ascribe it to any cause. Dr. Nicholas Robinson, a physician . . . of the last century, complains, in a treatise which he has published upon melancholy, of his sufferings from it in the following words. 'When no air has blown across my affairs, and no shade obscured my sun, then I am most miserable'. I have heard similar declarations from several of my patients, and particularly from a clergyman of the most exemplary life and conversation. In all such cases it would be absurd to suppose the disease existed without a cause. Many diseases take place in the body from causes that are forgotten . . . In like manner, depression of mind may be induced

by causes that are forgotten, or by the presence of objects which revive the sensation of distress with which it was at one time associated, but without reviving the cause of it in the memory. The former pupils of the author will recollect several instances of mental pleasure, as well as pain, from association, mentioned by him in his physiological lectures upon the mind, in which the original causes of both had perished in the memory.

HEREDITARY SAMENESS OF TWINS

The following letter to the author . . . contains the history of two cases of hereditary madness, which . . . have seldom perhaps been met with in the records of medicine. 'Believing that "the science of medicine is related to every thing", I am induced to transmit to you the following incidents . . . hoping that some useful inductions may be drawn from them, for the benefit of our profession. Captains C.L. and J.L. were twin brothers, and so great was the similarity in their countenances and appearance, that it was extremely difficult for strangers to know them apart. Even their friends were often deceived by them. Their habits and manners were likewise similar. Many ludicrous stories are told of people mistaking one for the other. They both entered the American revolutionary army at the same time. Both held similar commissions, and both served with honour during the war. They were cheerful, sociable, and in every respect gentlemen. They were happy in their families, having amiable wives and children, and they were both independent in their property. Some time after the close of the war, captain J. removed to the state of Vermont, while captain C. remained in Greenfield, in the vicinity of Deerfield, and 200 miles from his brother. Within the course of three years, they have both been subject to turns of partial derangement, but by no means rising into mania, nor sinking into melancholy. They appeared to be hurried and confused in their manners, but were constantly able to attend to their business. About two years ago, captain J. on his return from the general assembly of Vermont, of which he was a member, was found in his chamber early in the morning, with his throat cut, by his own hand, from ear to ear, shortly after which he expired. He had been melancholy a few days previous to this fatal catastrophe . . . About ten days ago, captain C. . . . discovered signs of melancholy, and expressed a fear that he should destroy himself. Early in the morning of June fifth he got up, and proposed to his wife to take a ride with him. He shaved himself as usual, wiped his razor, and stepped into an adjoining room, as his wife supposed, to put it up. Shortly after she heard a noise like water or blood running upon the floor. She hurried into the room, but was too late to save him. He had cut his throat with his razor, and soon afterwards expired. The mother of these two gentlemen, an aged lady, is now in a state of derangement, and their two sisters, the only survivors of their family, have been subject, for several years, to the same complaint.'

There are several pecularities which attend this disease, where the predisposition to it is hereditary . . . 1. It is excited by more feeble causes than in persons in whom this predisposition has been acquired. 2. It generally attacks in those stages of life in which it has appeared in the patient's ancestors . . . 3. Children born previously to the attack of madness in their parents are less liable to inherit it than those who are born after it. 4. Dr. Burton, in his Anatomy of Melancholy, remarks, that children born of parents who are in the decline of life, are more predisposed to one of the forms of partial insanity than children born under contrary circumstances. 5. A predisposition to certain diseases seated in parts contiguous to the seat of madness, often descends from parents to their children. Thus we sometimes see madness in a son whose father or mother had been afflicted only with hysteria, or habitual head-ache. The reverse of this remark likewise sometimes takes place. I attended a respectable mechanic in this city in two attacks of madness, the last of which terminated his life. All his children, six in number, and now all adults, are afflicted with head-ache, but none of them have ever discovered any sign of madness . . . 6. There are instances of families in which madness has existed, where the disease has passed by the understanding in their posterity, and appeared in great strength and excentricity of the memory, and of the passions, or in great perversion of their moral faculties. Sometimes it passes by all the faculties of the mind, and appears only in the nervous system, in persons descended from deranged parents, and again we see madness in children whose parents were remarkable only for eccentricity of mind.

THE REMEDIES FOR MANIA

The first object of a physician, when he enters the cell, or chamber, of his deranged patient, should be, to catch his EYE, and look him out of countenance. The dread of the eye was early imposed upon every beast of the field. The tyger, the mad bull, and the enraged dog, all fly from it . . . A second means of securing the obedience of a deranged patient to a physician should be by his VOICE . . . In governing mad people it should be harsh, gentle, or plaintive, according to circumstances . . . The CONDUCT . . . should be uniformly dignified, if he wishes to acquire their obedience and respect. He should never descend to levity in conversing with them. He should hear with silence their rude or witty answers to his questions, and upon no account ever laugh at them, or with them . . . Acts of justice, and a strict regard to truth, tend to secure the respect and obedience of deranged patients . . . A physician acquires the obedience and affections of his deranged patients by ACTS of KINDNESS . . . I shall only add, that . . . they seldom forget three things after their recovery, viz. acts of cruelty, acts of indignity, and acts of kindness . . .

If all the means . . . mentioned should prove ineffectual to establish a government over deranged patients, recourse should be had to certain

modes of coercion . . . 1. Confinement by means of a strait waistcoat, or of a chair which I have called a tranquillizer . . . 2. Privation of their customary pleasant food. 3. Pouring cold water under the coat sleeve, so that it may descend into the arm pits, and down the trunk of the body. 4. The shower bath, continued for fifteen or twenty minutes. If all these modes of punishment should fail . . . it will be proper to resort to the fear of death . . . By the proper application of these mild and terrifying modes of punishment, chains will seldom, and the whip never, be required to govern mad people . . .

The remedies for general mania . . .: I. Such as should be applied to the mind, through the medium of the body; and, II. Such as should be applied to the body, through the medium of the mind.

I. The first remedy . . . should be blood-letting. This evacuation is indicated, 1. By all the facts and arguments . . . in favour of this grade of madness being an arterial disease, of great morbid excitement or inflammation in the brain . . . 2. By the appetite being uninterrupted, and often unrestrained, whereby the blood-vessels become overcharged with blood. 3. By the importance and delicate structure of the brain, which forbid its bearing violent morbid action for a length of time, without undergoing permanent obstruction or disorganization . . . 4. By there being no outlet from the brain, in common with other viscera, to receive . . . the discharge of serum from the blood-vessels. 5. By the accidental cures which have followed the loss of large quantities of blood. Many mad people, who have attempted to destroy themselves by cutting their throats . . . have been cured by the profuse haemorrhages . . . 6. By the morbid appearances of the blood . . . 7. Blood-letting is indicated by the extraordinary success which has attended its artificial use the United States, and particularly in the Pennsylvania Hospital . . . the following rules should be observed: It should be copious on the first attack . . . from 20 to 40 ounces may be taken at once . . . The effects of this early and copious bleeding are wonderful in calming mad people . . . It should be continued . . . The quantity of blood drawn should be greater than in any other organic disease . . . After all the symptoms which call for blood-letting have disappeared, we sometimes observe the disease to continue . . . Here CUPPING is indicated . . . to the temples, behind the ears, and to the nape of the neck. Leeches may be used for the same purpose . . . SOLITUDE is indispensably necessary . . . The passions become weak by the abstraction of company . . . DARKNESS should accompany solitude . . . An ERECT position of the body . . . by the . . . constant exertion of the muscles . . . would attract morbid excitement from the brain . . . LOW DIET . . . PURGING . . . EMETICS . . . NITRE . . . BLISTERS . . . COLD . . . A SALIVATION . . . The PERUVIAN BARK . . . OPIUM . . . DIGITALIS . . . CAMPHOR . . . HELLEBORE . . . The SHOWER BATH . . . assafoetida, castor, and the oil of amber . . .

We next come to mention the remedies that are proper to act upon the

body through the medium of the mind. 1. The first . . . is to divert the ruling passion or subject which occupies the mind, if it be *one*, and fix it upon some other . . . 2. A sudden sense of the ABSURDITY, FOLLY or CRUELTY of certain actions, produced by conversation, has sometimes cured madness . . . 3. Madness has sometimes been cured by the influence of PLACE, TIME, and COMPANY, upon the human mind . . . 4. Great care should be taken by a physician, to suit his conversation to the different and varying states of the minds of his patients . . . 5. The return of regularity and order in the operations of the mind will be much aided, by obliging mad people to read with an audible voice, to copy manuscripts, and to commit interesting passages from books to memory . . . 6. MUSIC . . . 7. TERROR acts powerfully upon the body, through the medium of the mind, and should be employed in the cure of madness . . . 8. FEAR, accompanied with PAIN, and a sense of SHAME, has sometimes cured this disease . . . 9. How far artificial GRIEF might be employed with advantage . . . I shall not determine.

ON THE DIFFERENT SPECIES OF PHOBIA

Dr. Cullen has divided Hydrophobia into two species. The principal species is that diease which is communicated by the bite of a mad animal, and which is accompanied with a dread of water. Without detracting from the merit of Dr. Cullen, I cannot help thinking that the genus of the disease which he has named Hydrophobia, should have been PHOBIA, and that the number, and names of the species, should have been taken from the names of the objects of fear or aversion. In conformity to this idea, I shall define Phobia to be 'a fear of an imaginary evil, or an undue fear of a real one'. The following species appear to belong to it.

1. The CAT PHOBIA. It will be unnecessary to mention instances of the prevalence of this distemper . . . 2. The RAT PHOBIA is a more common disease than the first species that has been mentioned: It is peculiar, in some measure, to the female sex . . . 3. The INSECT PHOBIA. This disease is peculiar to the female sex. A spider – a flea – or a musqueto, alighting upon a lady's neck, has often produced an hysterical fit . . . 4. The ODOR PHOBIA is a very frequent disease with all classes of people . . . 5. The DIRT PHOBIA. This disease is peculiar to certain ladies . . . They make every body miserable around them with their excessive cleanliness: the whole of their lives is one continued warfare with dirt . . . 6. The RUM PHOBIA is a very *rare* distemper . . . If it were possible to communicate this distemper as we do the small-pox, by inoculation, what an immense revenue would be derived from it by physicians . . . 7. The WATER PHOBIA. This species includes not the dread of swallowing, but of *crossing* water. I have known some people, who sweat with terror in crossing an ordinary ferry . . . 8. The SOLO PHOBIA; by which I mean the dread of solitude . . . 9. The POWER PHOBIA. This distemper

belongs to certain demagogues. Persons afflicted with it, consider power as an evil – they abhor even the sight of an officer of government . . . 10. The FACTION PHOBIA. This disease is peculiar to persons of an opposite character to those who are afraid of power . . . 11. The WANT PHOBIA. This disease is confined chiefly to old people . . 12. The DOCTOR PHOBIA. This distemper is often complicated with other diseases. It arises, in some instances, from the dread of taking physic, or of submitting to the remedies of bleeding and blistering. In some instances I have known it occasioned by a desire sick people feel of deceiving themselves, by being kept in ignorance of the danger of their disorders . . . 13. The BLOOD PHOBIA. There is a native dread of the sight of blood in every human creature, implanted probably for the wise purpose of preventing our injuring or destroying ourselves, or others . . . 14. The THUNDER PHOBIA. This species is common to all ages, and to both sexes: I have seen it produce the most distressing appearances and emotions upon many people . . . 15. The HOME PHOBIA. This disease belongs to all those men who prefer tavern, to domestic society . . . 16. The CHURCH PHOBIA. This disease has become epidemic in the city of Philadelphia . . . 17. The GHOST PHOBIA. This distemper is most common among servants and children . . . 18. The DEATH PHOBIA. The fear of death is natural to man – but there are degrees of it which constitute a *disease*.



FIG. 134 Rush's '*Tranquillizer*', the most complete restraint of a patient's every movement ever devised, from the *Philadelphia Medical Museum*, 1811, NS, vol. 1, pp. 169-73 (*Historical Society of Pennsylvania*).

1. The Chair. 2. A piece of board which is so fixed to the back of the chair, as to be made to rise and fall with the height of the patient. To the end of this board is fixed: 3. A wooden frame lined with stuffed linen, in which the patient's head is so fixed, that it cannot fall backward, nor forward, nor incline to either side. 4. 5. Breast and belly bands, which are made of flat pieces of strong leather, and which confine the body in the chair. 6. 6. Bands which confine the arms and hands of the patient, to the arms of the chair. 7. 7. Pieces of wood which project from the chair, in which the patient's feet are so confined as to prevent their moving in any direction. 8. A close-stool-pan, half filled with water, so fixed as to be drawn out behind the chair, and emptied and replaced without removing, or disturbing the patient. The chair is confined to one spot by means of staples fixed in the floor.

SAMUEL FOART SIMMONS (1750–1813)

MD Leyden, LRCP, FRS, physician to St Luke's Hospital 1781–1811, Westminster General Dispensary and to George III

Report from the Committee appointed to examine the physicians who have attended His Majesty, during His illness; touching the state of His Majesty's health, 1812 *Ordered, by the House of Commons, to be printed* pp. 8-9

George III's final mental breakdown began towards the end of 1810 following the death of his favourite daughter Amelia, and early in 1811 the Regency was established. In January 1812 his physicians were for the last time publicly examined by a Parliamentary Committee 'Touching the State of His Majesty's Health' whose report was the last of a series commencing in 1788. Called before it were Matthew Baillie (1761–1823), MD Oxon, FRCP, FRS, physician to St George's Hospital, John Hunter's nephew, eminent as the author of the first English textbook of pathology and one of London's leading physicians; William Heberden junior (1767–1845), MD Cantab., FRCP, FRS, physician to St George's Hospital; Thomas Monro; Sir Henry Halford (1766–1844), MD Oxon, Fellow and President of the College of Physicians, physician to the Middlesex Hospital; Francis Willis's two sons John (1751–1835) and Robert Darling (1760–1821) who followed their father's specialty and inherited his psychiatric practice, the former having been in attendance with his father on George III in the 1788–9 attack; and Simmons part of whose evidence is given here.

The King was now in his seventy-fourth year and blind, and the Committee's questions were particularly directed at establishing to what extent these two factors prejudiced recovery. They also discussed the effect on prognosis of social status implied in the question whether the King's awareness of 'His regal state' would result 'in retarding or accelerating His recovery'. As physician to St Luke's Hospital for Lunaticks Simmons was able to produce the first actual figures from a large institution for the insane to substantiate what before had only been an impression gained from isolated cases, namely that old age in general and 'fatuity' or dementia in particular adversely affected the chance of

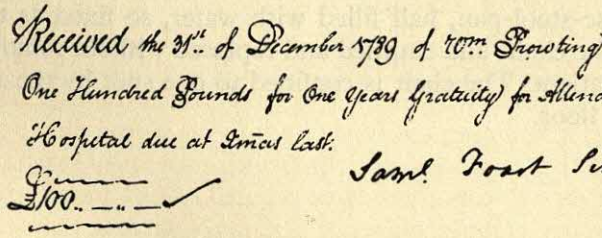

Received the 31st. of December 1789 of Wm. Prowting Esq. the Sum of
One Hundred Pounds for One Years Gratuity for Attendance on the
Hospital due at Xmas last.
£100. — — Saml. Foart Simmons

FIG. 135 S. Foart Simmons' receipt for 'One Years Gratuity' for attending patients in St. Luke's Hospital, 1789 (*St. Luke's Hospital*).

recovery. It is topical that the problem of older patients crowding mental hospitals existed as early as 1809 when as Simmons mentioned the governors of St Luke's found it necessary to pass a resolution 'to admit no person above the age of seventy'.

EFFECT OF AGE AND BLINDNESS ON PROGNOSIS

Q. – Did you ever see any person as old as His Majesty, and labouring under the same degree of mental derangement, recover?

A. – Several.

Q. – Did you ever see any person as old as His Majesty, and who had so long laboured under the same degree of mental infirmity, recover?

A. – I have seen persons as old as His Majesty recover, after, I think, a longer duration of the disease than the present attack.

Q. – After as many repeated attacks as His Majesty has had?

A. – With respect to the number of attacks, I have had occasion, in hospital practice, to see persons who have gone through a long life, occasionally subject to attacks of this kind; I have known persons attacked ten, twelve, or more times, and recover from each of those attacks.

Q. – And die of age at last?

A. – Yes.

Q. – Not in a state of insanity?

A. – I cannot immediately recollect instances, but I believe I may venture to say, that I have known some die of other disease, and not in a state of insanity.

Q. – Their last attack having come upon them at the age His Majesty has now attained?

A. – That is hazarding a great deal; it would require time and reference to records to answer that question; but I certainly have seen patients as old and much older than His Majesty, recover from attacks of this kind.

Q. – You say that you consider His Majesty's recovery as improbable?

A. – I do.

Q. – You say you have known persons as old as His Majesty, and labouring under an equal degree of mental derangement, recover?

A. – Yes.

Q. – Then why do you think His Majesty's recovery improbable?

A. – Because the number of recoveries of persons of that age is very small in comparison with the number of recoveries of those that are younger, the instances of recovery become less in the advanced periods of life. In St. Luke's Hospital, we find that to be so much the case, that for the last three years, it has been resolved to admit no person above the age of seventy; before that, we were not restricted in point of age; and in the course of about thirty years there have occurred (for I looked over the Reports) about seventy-eight instances of persons of seventy years and upwards who had been admitted, and of that number only about sixteen had been discharged from the books of the Hospital as cured: whereas,

taking the whole number of patients during that period, the number amounting to above six thousand, about one half or very nearly half have recovered, but only one patient in five of that advanced age have recovered.

Q. – Is not the state of His Majesty's constitution and general health remarkably strong, considering the period of his life?

A. – His Majesty's constitution is so good, that I should rate him as a man of sixty, in point of health, now at this moment.

Q. – Have you perceived latterly any symptoms of improvement in His Majesty's mental health?

A. – I have thought, for the last month, His Majesty detailed anecdote, and seemed inclined to listen to what was said to Him by those about Him, rather more than He did at the beginning of my attendance.

Q. – Do you consider that as any material symptom of improvement?

A. – I have thought it rather a favourable sign.

Q. – Do the symptoms of His Majesty's present disorder differ in any respect, and in what, from those which you had an opportunity of observing when you attended His Majesty in His illness in 1804?

A. – The state of His Majesty's ideas is very different from what it was in 1804; the fact is, that the symptoms of mental disease must be in a great degree the ideas of the patient; it is not like a bodily disease, you can judge of the state of a man's mind only from the ideas he gives forth, and they are in many respects very different from what they were when I attended His Majesty before.

Q. – Do the differences which you observed in His Majesty's present and past state lead you to form conclusions more or less unfavourable to His ultimate recovery?

A. – More unfavourable.

Q. – Have you ever discovered any symptoms of fatuity in His Majesty's case?

A. – I have not.

Q. – Do you, on account of the absence of that symptom, think less unfavourably of His Majesty's recovery?

A. – More favourably.

Q. – Have you been in the habit of classing the different descriptions of mental disorder?

A. – That is a matter of so much difficulty, that I have not attempted it any more than the common distinction of mania and melancholia; low spirits, and high spirits or more or less of irritability.

Q. – Do you conceive the loss of sight in His Majesty would have any effect in retarding or accelerating His recovery, or rendering it more or less probable?

A. – The number of cases of blind persons that I have met with, who have been insane, has been extremely small; they do not amount to more than seven or eight; they have been all of them unfavourable cases; and

it is difficult to say what effect blindness may have, with respect to the treatment of an insane person; in some points it may be favourable, but in general one would suppose it was rather unfavourable. You cannot guide and manage the patient so well as if he could see.

Q. – Do you mean by unfavourable cases, cases in which the patients did not recover?

A. – Yes.

Q. – Do you conceive that the reflection upon His regal state, when His Majesty's mind is in a state of progress towards recovery, might have any effect whatever in retarding or accelerating that recovery?

A. – His Majesty has appeared to retain a consciousness of His regal state, and that seems to have given a peculiar feature to His disorder, and makes it in some degree different from that of an ordinary case; but I should find it very difficult to say how far that would retard or promote His recovery; it makes the case rather more difficult to conduct.

Q. – Have the goodness to state, whether you consider His Majesty's perceptions as clear and distinct?

A. – His Majesty's perceptions, with respect to any objects that are presented to Him, are correct; but He has a number of ideas floating in His mind that are extremely erroneous: But He judges of the objects immediately around Him, His food and those things, with great precision; speaks of the goodness of a dish, whether He likes it or not, and knows every thing presented to Him; so far His perception is correct.

Q. – Does His Majesty's memory appear to be at all affected?

A. – His memory is firm and good.

Q. – Do you draw any inference from that circumstance, with respect to the probability or improbability of recovery?

A. – That is certainly a favourable circumstance.

ANONYMOUS

Æsculapian secrets revealed: or, friendly hints and admonitions addressed to gentlemen of the medical profession, and the public in general . . . By Peter Mac Flogg'em, 1813 *London, Chapple* pp. 79-83

Mac Flogg'em – the pseudonym of a member of the profession which it has been impossible to penetrate – wrote this satirical book with the serious purpose of exposing 'the abuses which have accidentally crept into the profession' in order to improve the standards of medical practice. He devoted ten pages to 'the mad business' as Battie had called it, and lampooned 'the general practitioner' who considered it a 'groundless . . . prejudice . . . that lunacy must require any particular quantum of medical skill and penetration' – which shows that psychiatry had by then established itself as a branch of medicine demanding special study and experience. Apparently the opinion still occasionally voiced that 'no great proportion of discrimination' was necessary for dealing with 'mental diseases' was based on much the same grounds as today, namely that it was easy to become 'acquainted with all that is at present known on the subject', and that 'affections or passions of the *mind*, are so intimately connected with, and allied to *corporeal* maladies' that a gentle wave of 'the Esculapian wand' dealt 'with equal facility and address' with these as with 'all diseases'. The extract contains a number of topical allusions as for instance 'the *Perfect* model' to William Perfect, the 'recent disastrous case of mania' to George III and 'a certain sapient doctor' to one of the number of eminent physicians called in who when later examined by Parliamentary Committees had to admit they 'never saw a case of insanity' before.

THE MAD BUSINESS

In these crazy times the occasionally appropriating your shining parts to the study of mania, will not be altogether an unprofitable speculation, particularly if adopted and executed on the *Perfect* model. As however there are certain distinctions and varieties of this disease, each varying from the other according to the state and circumstances of the patient, particularly as it respects the depth of his pocket, you will be required to exhibit very conspicuous proofs of your skill, when called on for your opinion, as to the prognostic or future progress of the complaint . . . In maniacal cases, as well as in most others, you will always impress the world with a brilliant display of your medical acumen, by fine-drawing your definitions and divisions of the malady, and so not only silence all scrutinizing enquiries, but your sophistry be fully applauded as the very

paragon, the absolute acme of medical discernment. It has been stated, you will no doubt recollect, in a recent disastrous case of mania, by which the people of these realms have been considerably agitated and distressed; and sanctioned by a set of physicians, possessing the most exalted abilities, and alike eminent in every branch of medical knowledge; that delirium is a disease *sui generis*, which on its cessation or suspension, left the intellect unimpaired: and that the human mind was liable to a state intermediate between delirium and mania. Although I apprehend this to be certainly as extravagant a sophism, as these shady and hurried doctors could possibly have resorted to: yet in a case of common kind, it might with some plausibility have had the effect of concealing their blundering on the subject altogether; but in having recourse to such fine drawn distinctions, these highly illuminated gentlemen did not probably recollect that they were broaching such doctrines, and advancing such opinions, to persons who were as capable of judging and detecting the absurdity as themselves . . .

It is a sentiment by no means rare or singular, that with regard to *mental diseases*, no very great degree of superfluous wisdom, no extraordinary length of study or experience are required, for moderate talents competently to attain; for as affections or passions of the *mind*, are so intimately connected with, and allied to *corporeal* maladies, no great proportion of discrimination will be found indispensible, for being acquainted with all that is at present known on the subject. The principle to which I would wish to direct your attention, is first to consider well to whom you are giving your prognostic, before you presume to be decisive in delivering it; that is, whether it be to a set of people, as incorrigible blockheads as yourself, or to men who professing some moderate share of common sense and understanding, are capable in some good degree, of forming a rational estimate of what you advance, lest you unhappily be detected in your chicanery, and so become ultimately an object of contempt and derision. When however you find yourself very hard pushed on a similar occasion, it would, I think, be much to your credit, as well as peace, candidly to take shelter under your avowed ignorance, (as a certain sapient doctor lately did,) by honestly declaring you never saw a case of insanity in your life, than run the hazard of being scouted as well as laughed at, for a most egregious coxcomb and fool. Waving this digression, and reverting again to the subject before us, I must observe to you that patients of this description, are in common a very tolerably promising concern, both to the physician as well as the apothecary; and acting in unison and concert with each other, may easily contrive to render them mutually beneficial . . .

As mania is a disease usually, though erroneously considered rather distinct and unconnected with the study and pursuit of the general practitioner, and as it should be your invariable maxim to take all fish that come to hook, waving the Esculapian wand with equal facility and address in all diseases; every honourable means should be resorted to, for the purpose of dissipating so serious and groundless a prejudice, as that lunacy must

require any particular quantum of medical skill and penetration, to manage successfully; particularly when you recollect that from some unforeseen happy freak of the blind goddess, who can say but that your splendid talents may luckily be transplanted from the purlieus of Bedlam or St. Luke's, to the precincts of a palace? . . . To effect this grand design, you may in the first instance commence operations, by publishing very copiously as well as frequently, your singularly rare observations on the particular treatment and management of lunatics; and to convince the public of your superior ability for the task, be sure to condemn and reprobate every other publication on the subject. As I before observed, it is by no means necessary that you should be qualified to write yourself, or that you should ever have seen a case of mania in your life.

THOMAS SUTTON (?1767–1835)

MD Leyden, LRCP, physician to the Army; subsequently resident in Greenwich and physician to the Kent Dispensary, Deptford

Tracts on delirium tremens, on peritonitis, and on some internal inflammatory affections, and on the gout, 1813 *London, Underwood* pp. 3-5, 7-13, 47-8, 50-8

Delirium tremens, the trembling delirium owes its name and first description to Sutton who practised on the Kentish coast where smuggled duty-free spirits flowed freely, and so was favourably placed to observe this characteristic self-limiting but occasionally fatal organic confusional state which occurs in heavy drinkers. Sutton came to separate it as a condition *sui generis* from the group of febrile deliria or 'phrenitis' due to 'active inflammation of the brain, or its membranes' after observing that routine 'antiphlogistic' treatment by 'copious depletion [bleeding], vesicatories, purging, &c.' was not only useless but in some cases deadly. He then heard that some practitioners in the district 'were in the habit of giving opium in large and repeated doses' and that this 'practice carried with it all the success'. Further observation of sixteen cases taught him that 'this delirium' although not unlike that of other febrile attacks does 'not generally commence with an exacerbation of fever, nor so suddenly as in idiopathic phrenitis', but after 'some days' of gradually increasing malaise 'the mind . . . [is] perceived to waver', and that from the outset it 'is constantly associated with considerable tremors' and 'profuse sweating'. In four patients in which delirium tremens followed an acute febrile illness he correctly considered this an 'incidental' or precipitating cause since it occurred only in persons predisposed by 'certain indulgences'. He noted the characteristic features of the delirium itself namely that 'the mind . . . is occupied and worried about private affairs', the patient appearing 'ever to be desirous to be where business is' – which later led to the term 'occupational delirium' – coupled with 'forgetfulness and confusion'. He distinguished it from 'mania' by the absence of 'malignity' even if patients were violent. The one case in which the disease appeared in 'chronic form' may have been the picture of confabulation and loss of memory for recent events resembling 'mental derangement' today called Korsakov's psychosis and a recognised sequel of repeated attacks.

Prior and unknown to Sutton delirium tremens had been summarily described by Samuel Burton Pearson (1768–1814), MD Edin., physician of Newcastle and later Lazonby in Cumberland, in a small four-page tract printed for local circulation *Observations on brain-fever . . . following intoxication*, 1801 and reprinted in *The Edinburgh Medical and Surgical Journal*, 1813 after Sutton's book appeared. Sutton acknowledged comments received from William Saunders (1743–1817), MD Edin., FRCP, FRS, physician to Guy's Hospital who not

only drew his attention to the characteristic hallucination of little animals which Pearson had also noted, but advised him 'that he had mentioned the disease . . . in his lectures for many years, and had been in the habit of noticing and distinguishing it from phrenitis during forty years of his practice'.

After Sutton John Armstrong (1784–1829), MD Edin., LRCP, physician to Sunderland Infirmary, later to the London Fever Institution and teacher of medicine, published an account also in *The Edinburgh Medical and Surgical Journal*, 1813, and under the title 'Brain-Fever of Drunkenness' in *Practical illustrations of typhus, and other febrile diseases*, 1816. However nothing new was added until Andrew Blake (1785–1842), MD Glasgow, MRCS, Army surgeon from 1805–31 with service principally in the West Indies and from 1832–42 physician to the Nottingham Lunatic Asylum, divided its course into three 'distinct stages' each requiring different treatment: 'indirect general debility', 'morbid increase of action in the brain and nervous system . . . attended with delirium' ending 'either in sleep or in death from collapse' (*A practical essay on . . . delirium tremens . . . with a view to elucidate its division into distinct stages, and hence to simplify its method of cure*, 1830; second edition 1840). By the 1830s a considerable literature had developed round the subject in English, French and German, and various names were suggested: *delirium afebrile tremens, delirium ebrietatis potatorum, encéphalopathie crapuleuse, encephalitis tremefaciens, mania a potu, dipsomania, delirium nervosum*, while John Elliotson evidently a Latin purist protested that as 'delirium cannot tremble' it should be called '*delirium cum tremore*'. But Sutton's original simple and effective term came to stay not only in medical writings but also popularly as 'DTs'.

DELIRIUM TREMENS

Delirium tremens, and likewise the treatment . . . are known to some professional men to a certain extent; but to many they are wholly unknown: and the disease has not yet taken a station in medical writings . . . From the year 1798, to 1807, I resided on the eastern coast of Kent; first in quality of physician to the forces, and latterly in that of a private practitioner in physic. During this abode, and early in my residence there, I was led to see the distinction between phrenitis and delirium tremens, at least in regard to the treatment. Hitherto I had considered the diseases to be the same, and to depend upon active inflammation of the brain, or its membranes, and to require copious depletion, vesicatories, purging, &c., as usually recommended in books of medicine for the cure of the former disease. I however found, that this latter disease was, in that quarter, treated by different practitioners in two very distinct ways. The one party, with myself, considering the disorder to be active inflammation of the brain, or its investing membranes, conducted the treatment according to this supposition: the other, without pretending to any precise notions of this affection, in so far as the contents of the cranium might be concerned, were in the habit of using opium in large and repeated doses. I very soon perceived that the latter practice carried with it all the success . . .

Frequently the attacks of this disease do not come on suddenly; but for some days previously, the patient complains of being unwell, with loathing of food, listlessness, debility, and want of comfortable rest. He has pain in the head, and sometimes vomits, and appears to be dull and dejected. The pulse, in the commencement of the disease, in its ordinary occurrence, is by no means quick; but may frequently be observed with a sort of unsteady, nervous fluttering: there is not much heat on the skin; and the tongue is generally furred, but moist. In this stage of the disease, the patient feels very little disposition to lie down for any length of time; but is ever uneasy, and desirous of a change of position; and there is a general agitation of the frame, with tremors of the hands. Associated with these, the mind is perceived to waver; and, if the disease proceeds, this becomes every day more manifest. In others, a state such as described, continues for some time, and wears off. As the disease advances, the faculties do not, generally speaking, show themselves in disorder, by any extravagance of thought; but by fatiguing conversations on common affairs frequently repeated; and by broken discourses, caused evidently by forgetfulness and confusion of intellect. In the further progress of the disease, the patient discovers great anxiety of mind about his affairs, appears ever to be desirous to be where business is, and makes great, repeated, and violent efforts to liberate himself from those about him, if under restraint, in order to accomplish the objects that press most forcibly on his mind. These exertions are, however, not made in opposition to others, though violent, with either malignity or ill-nature; nor does the patient mark his restraints with the appearance of much anger or displeasure. He seems to be forgetful of what has immediately passed, and only to be propelled to action by those strong impressions in his mind respecting the objects above alluded to. In other respects he is tractable, and there is seldom any difficulty in administering medicine to him. In this situation he loses the sensations of pain, and complains of no bodily uneasiness; though, when in a considerable degree of this delirium, he knows momentarily those about him of his family and friends. The tremors of the hands, which constantly accompany this complaint, are now great, with unceasing workings and elevation of the tendons of the wrists; to which are very frequently associated subsultus tendonum, and often singultus . . . When the patient is at all still, he is constantly picking the bedclothes, and in various motions with his hands. (Doctor Saunders . . . thinks some observations, such as the following, might be given, on the occasional employment of the hands, in addition to what I have stated. He has often considered the motion of the hands in this state of disease, as if the patient might, with imperfect vision, be searching for things, and occasionally rapidly catching, or avoiding them: such, for instance, as if in search for rats or mice.) The evacuations are unconsciously rejected, in the height of the paroxysm. The pulse at this time becomes very rapid; but may occasionally appear to be more debilitated than it really is, on

account of the tremors and subsultus tendonum in the manner above stated: and for these reasons, accuracy, in regard to the true condition of the pulse, cannot always be attained; and, though it seemed scarcely possible to be felt a short time before, on sleep being induced, and the workings of the tendons allayed, it will be found frequently to possess sufficient firmness and force. Accompanying the exertions at this time made, there is generally a most profuse sweat, which is sometimes clammy and cold; from which, occasionally, an offensive odour escapes. The heat of the skin varies much, but is seldom intense; and the tongue is not often inclined to be dry, or the patient thirsty. The general appearance of the countenance is dull, and the eye frequently suffused. The state of the bowels vary; but, during the violence of the disease, frequent stools are not common. In the height of the paroxysm, the patient is in an unremitting state of watchfulness, which continues until the disease is alleviated, or is succeeded by insensibility, which may partake of coma or apoplexy, ending in death. This disease will continue, with great violence, from three days to a week, and with moderate symptoms for a longer time, and is sometimes seen in the form of a chronic affection . . .

It has been remarked, in several of the above instances, that the parties attacked with delirium tremens have been given to drinking; and I feel firmly persuaded, that all cases of this disease are connected with indulgences of that nature. Such indulgences must, I presume, generally have gone beyond moderation or propriety, and have been continued for some time, before the peculiar circumstances which fit the constitution for an attack of this disease, have become fixed in the habit. It might, however, happen, that no great excess in them, owing to some peculiarity of constitution, may, in some, induce this morbid disposition to the disease, which, however, I never found to occur in a truly abstemious character. When the constitution has been so prepared for the disease, I cannot go so far as to say, that this peculiar disposition will be immediately, or, after some time, eradicated, upon a change of conduct; and therefore it would not be in contradiction to the opinion I have given of its cause, if persons should have this disorder who have been known, for some time previous to the attack, not to have indulged in fermented liquors beyond what, according to the present feelings and manners, may be considered to be reasonable . . . But, that fermented liquors, and more especially spirits, are the general causes of this disease, is rendered certain, by the frequency of it in situations where the indulgence of them can be had at a reasonable rate. On the coast of East Kent, where I was first led to distinguish this affection, and at the time alluded to, spirits brought in by smugglers might be had in great abundance at a cheap rate; and such as laboured under delirium tremens in that quarter, were mostly those who confessedly indulged in the use of spirits to excess . . .

In regard to the similarity of this disease to idiopathic phrenitis, it may be remarked, that delirium tremens is an idiopathic affection of the head,

that it begins ordinarily without any previous febrile attack, that in a violent paroxysm it is attended with considerable insensibility and wandering, with much restlessness and exertion. In these respects, in the height of the disorder, the diseases appear to be similar. This delirium, however, will not generally commence with an exacerbation of fever, nor so suddenly as in idiopathic phrenitis; but it may often be learnt, on inquiry, that the disease has been coming on for some days, and even for a longer time occasionally. In this delirium there is no great intolerance of light, though the parties attending such a person will cause the windows to be closed, because light increases the desire for exertion. The disease is constantly associated with considerable tremors from its very commencement, and in its least violent state, which are not considered as necessary attendants on phrenitis . . .

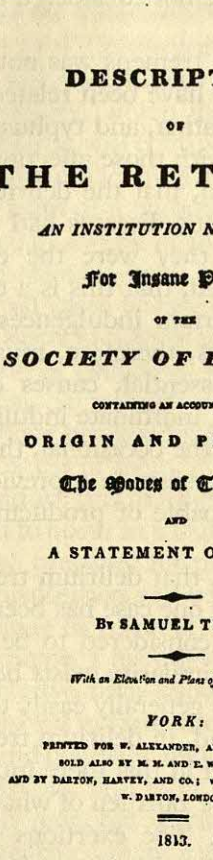
It has been said, that delirium tremens was not necessarily connected with fever, though four instances have been related, in which the disease followed acute rheumatism, scarlatina, and typhus fever, and might have been supposed to be connected with those affections as a cause. In so far this may be allowed, or supposed, that the delirium tremens would not have then occurred, if the previous diseases had not taken place; but it does not therefore follow that they were the essential causes of this affection. It has been before stated, that this is a disease depending on a state of habit brought on by certain indulgences, which renders it the precise disease it is. These fevers, therefore, must be considered to be incidental, not necessary and essential, causes of the attacks of this delirium. In like manner, fatigue, inordinate indulgences, inducing fever, inquietudes of mind, &c. may be the occasional, though not the essential, causes of this affection, which consists in a previous state of the brain, that, under circumstances, is capable of producing the peculiar disease treated of.

It has been likewise perceived, that delirium tremens has happened in the same subject with mania; and one case has been related, in which this disease, in a chronic form, was considered to be mental derangement: hence it may be inferred, that a similarity exists between the complaints. But to me the distinction appears generally easily to be made, and no less usefully to be observed. The mind, in delirium tremens, is occupied and worried about private affairs; and in this there must be necessarily some confusion of ideas; but this is the burthen of what the patients talk of in the exacerbation of the disease. The exertions they make have all a tendency to accomplish this end, to be where their affairs are going on. To effect their purposes, however, they use no artifice, nor are passionate or malignant, though violent in their efforts to accomplish their wishes. In other things they are easily persuaded; as, for instance, to take their medicine, about which no difficulty in general arises: in addition to which, the memory of what has immediately happened, appears to be obliterated, and, on recovery, their illness seems to them an illusion.

SAMUEL TUKE (1784–1857)

Quaker philanthropist and merchant of York; treasurer of the Retreat; grandson of William Tuke, founder of the Retreat, and father of D. H. Tuke

Description of the Retreat, an institution near York, for insane persons of the Society of Friends, 1813 *York, Alexander* (pp. 228) pp. 110-5, 118, 124, 132, 138, 141-4, 148-9, 157-60, 163, 186



DESCRIPTION

OF

THE RETREAT,

AN INSTITUTION NEAR YORK,

For Insane Persons

OF THE

SOCIETY OF FRIENDS.

CONTAINING AN ACCOUNT OF ITS

ORIGIN AND PROGRESS,

The Modes of Treatment,

AND

A STATEMENT OF CASES.

By SAMUEL TUKE.

With an Elevation and Plans of the Building.

YORK:

PRINTED FOR W. ALEXANDER, AND SOLD BY HIM;
SOLD ALSO BY M. M. AND E. WEBB, BRISTOL:
AND BY DARTON, HARVEY, AND CO.; WILLIAM PHILLIPS; AND
W. DARTON, LONDON.

1813.

FIG. 136 The first *Description of the Retreat*, 1813, by Samuel Tuke.

This book by a layman did more to improve the care and treatment of the insane in asylums and indirectly also to stimulate the development of psychiatry than many a 'scientific' tome written by a physician. It set before the public clearly and unpretentiously the simple fact 'that the experience of the Retreat... has demonstrated, beyond all contradiction, the superior efficacy, both in

respect of cure and security, of a mild system of treatment in all cases of mental disorder'. Although would-be reformers had frequently claimed that this would be the case, there had never before been published a detailed account of an institution devoted from its inauguration to carrying through the 'mild system of treatment'. It was in fact to provide this 'for insane persons of the Society of Friends' that it was founded. In 1791 a Quaker girl died in suspicious circumstances a few weeks after her admission to the York Asylum. In consequence and after much deliberation the Society under the leadership of Samuel Tuke's grandfather William Tuke (1732–1822) decided on 'having an Institution of this kind under their own care, in which a milder and more appropriate system of treatment, than that usually practised, might be adopted'. Funds were raised, a site selected, buildings put up, and four years later in June 1796 the first patients were admitted. They called it ' "The Retreat" . . to convey their idea of what such an establishment should be, viz: a place in which the unhappy might obtain a refuge – a quiet haven in which the shattered bark might find the means of reparation or of safety'.

Alexander Hunter, physician of nearby York Asylum, offered his services but was declined, and instead 'they appointed one, who was not likely to walk idly in the steps of authority, and who had already, by his investigations, done something to promote the true honour of medical art'. This was Thomas Fowler (?-1801), MD Edin., formerly an apothecary at York, then physician to the Stafford Infirmary who had returned to practise in York, and after whom Fowler's solution of arsenic which is still in the pharmacopoeia was named, because he introduced its modern medicinal use (*Medical reports of the effects of arsenic, in the cure of agues, remitting fevers, and periodic headachs . . . Together with a letter from Dr. Arnold, of Leicester, and another from Dr. Withering, describing their experience*, 1786).

Katherine Allen (later Mrs Jepson) came from Edward Long Fox's private asylum Cleve Hill near Bristol, as matron in charge of the female side, and the following year George Jepson was appointed superintendent of the male side. For twenty-six years theirs was the responsibility for 'carrying out the noble experiment, as to how far the insane might be influenced through the medium of the understanding and the affections, and how far they may be beneficially admitted to the liberty, comfort, and general habits of the sane'. William Tuke who was responsible for 'the immediate management of the young establishment' continued to take an active interest 'and may indeed be said, for a considerable time, to have been virtually manager in chief'. In May 1815 when he was eighty-three he travelled to London to place the unique experiences of the Retreat before the Parliamentary Committee inquiring into the state of madhouses.

Ever 'open to the inspection [in contrast to the notorious closed doors of other institutions] of intelligent enquirers, and . . . others interested in the same object as themselves', they were visited as early as 1798 by Gaspar Charles de la Rive, MD Edin., LRCP, at that time a political refugee from his native Switzerland, who published a glowing account in *Bibliothèque Britannique* (Geneva, 1798). In 1812 Andrew Duncan senior came from Edinburgh and recorded that 'In the management of their institution, they have set an example, which claims the imitation, and deserves the thanks of every sect and every nation . . . the Retreat at York is, at this moment, the best regulated establishment in Europe, either

for the recovery of the insane, or for their comfort, when they are in an incurable state'. At this time also hospitality was given to those 'about to undertake the superintendence of asylums, to reside for a time in the institution, to witness the treatment of the patients and the general economy of the family'.

'The early conductors' having 'pursued their admirable course with a simplicity, almost amounting to unconsciousness of what they were accomplishing', William Tuke's eldest son Henry (1755–1814) felt by 1811 that a history and general account of the Retreat would be useful for guiding others engaged in similar undertakings and suggested writing it to his son Samuel. He started by making 'some selections from Pinel' followed by reading Crichton, Hartley, Locke, Ferriar, Beddoes, Haslam, Crowther, Parkinson, Arnold (all whose works are quoted in the present volume) and others, took every opportunity of discussion with a circle of Yorkshiremen who were then actively interested in the welfare of the insane including S. W. Nicoll [see p. 789] and Catharine Cappe [see p. 729] and acknowledged his indebtedness for clinical details to George Jepson.

When the book appeared in May 1813 its effects were immediate and widespread. To the officers of the York Asylum it seemed a direct reflection on their conduct and establishment and some acrimonious correspondence in the local press ensued which, as happens, turned the accusers into the accused. Public

STATE

OF AN

INSTITUTION NEAR YORK,

CALLED THE

RETREAT for PERSONS

AFFLICTED WITH

DISORDERS OF THE MIND.

1797.

I hope the Court will omit my name in the list. I have given up the attendance of the Retreat Committee,

My sincere friend

Sam.l Tuke.

Lancaster 21-VI. 1849.

FIG. 138 Part of a letter by Samuel Tuke announcing his retirement from the post of treasurer of the York Retreat and resigning from the Committee owing to ill-health, 1849.

FIG. 137 (on left) First annual report of the York Retreat opened in 1796 (*Royal Medico-Psychological Association*).

alarm was followed by dramatic revelations, the friends of the insane, many of them Friends like William and Samuel Tuke qualified themselves as governors of the York Asylum by paying the requisite donation of £20 each, uncovered 'terrible abuses' of every kind and in the end every resident officer, keeper and nurse was sacked and the Asylum reorganised by Mr and Mrs Jepson of the Retreat. While this was being achieved in York in 1814, another set of interested laymen in London discovered an equally distressing state of affairs in Bethlem Hospital where patients were found grossly maltreated and chained. The exposures in both hospitals within a short period of time led to the great Parliamentary inquiry of 1815, a year which Samuel Tuke thirty years later in his *Review of the early history of the Retreat*, 1846 (from which some of the above quotations are taken) justly called the 'most important era in the history of the treatment of the insane in England' and which happily 'stimulated . . . the intelligent philanthropists of the civilized world'.

The pioneer work of the Tukes opened a new chapter in the history of the insane because of the avowed aim to accord them the dignity and status of sick human beings, and to substitute self-restraint based on self-esteem induced by a mild system of management for the debasing and brutalising coercion and restraint of 'the terrific system', in short 'to excite as much as possible, the operation of superior motives'. Not that Samuel Tuke did not realise that 'contradictory features in their character frequently render it exceedingly difficult to carry out this mode of treatment' as so much depended on the attendants: 'To consider them at the time both as brothers and as mere automata [that is not responsible]; to applaud all they do right and pity without censoring whatever they do wrong, requires such a habit of philosophical reflection, and Christian charity, as is certainly difficult to attain'.

It is impossible in extracts from the book to do more than convey the spirit in which the Retreat was conducted which fired the imagination of reformers the world over, and led a quarter of a century later to the completion of the work started by Pinel and the Tukes when John Conolly abolished all restraint in a large public asylum and banished the principle of fear from moral treatment.

In 1815 Samuel Tuke published *Practical hints on the construction of pauper lunatic asylums*, York, for the guidance of the magistrates of the West Riding of Yorkshire who were then planning the Wakefield Asylum, which was reprinted with the architects' plans in 1819 [see p. 628]; and in 1841 he edited with a 70-page introduction the English translation of Maximilian Jacobi's *On the construction and management of hospitals for the insane.*

THE YORK RETREAT FOR PERSONS AFFLICTED WITH DISORDERS OF THE MIND

Medical treatment. The experience of the Retreat, if it should contribute in some degree to the improvement, will not add much to the honour or extent of medical science. I regret that it will be the business of the present chapter, to relate the pharmaceutic means which have failed, rather than to record those which have succeeded.

The Physician first appointed to attend at the Retreat (Dr. Thomas Fowler), was a man equally distinguished by medical knowledge, and

indefatigable perseverance. He possessed too, (which rendered him peculiarly adapted to the place he filled,) a highly benevolent and unprejudiced mind . . . He determined to give a full trial of the means, which his own judgment might suggest, or which the superior knowledge and experience of others had already recommended. But the sanguine expectations, which he successively formed of benefit to be derived from various pharmaceutic remedies, were, in great measure, as successively disappointed; and, although the proportion of cures, in the early part of the Institution, was respectable; yet the medical means were so imperfectly connected with the progress of recovery, that he could not avoid suspecting them, to be rather concomitants than causes. Further experiments and observations confirmed his suspicions; and led him to the painful conclusion, (painful alike to our pride and to our humanity,) that medicine, as yet, possesses very inadequate means to relieve the most grievous of human diseases.

Bleeding, blisters, seatons, evacuants, and many other prescriptions, which have been highly recommended by writers on insanity, received an ample trial; but they appeared to the physician too inefficacious, to deserve the appellation of remedies, except when indicated by the general state of the habit. As the use of antimaniacal medicines was thus doubtful, a very strong argument against them arose, from the difficulty with which they were very frequently administered; as well as from the impossibility of employing powerful medicines, in a long continuance, without doing some injury to the constitution. The physician plainly perceived how much was to be done by moral, and how little by any known medical means . . . There is, however, one remedy, which is very frequently employed at the Retreat, and which appears to have been attended with the happiest effects; and that is the warm bath . . .

It must not, however, be supposed, that the office of physician, is considered at the Retreat, of little importance. The physician, from his office, sometimes possesses more influence over the patients' minds, than the other attendants; and in all cases where the mental disease is attended by any bodily disorder . . . judicious medical attention, has been found of the greatest advantage . . .

The difficulty of obtaining sleep for maniacal patients, and the unpleasant effects frequently produced by the use of opium, are well known to medical practitioners. It occurred, however, to the sensible mind of the superintendent, that all animals in a natural state, repose after a full meal; and, reasoning by analogy, he was led to imagine, that a liberal supper would perhaps prove the best anodyne. He therefore caused a patient, whose violent excitement of mind indisposed him to sleep, to be supplied freely with meat, or cheese and bread, and good porter. The effect answered his expectation; and this mode of obtaining sleep, during maniacal paroxysms, has since been very frequently and successfully employed. In cases where the patient is averse to take food, porter alone

has been used with evident advantage, always avoiding, in all cases, any degree of intoxication . . . Those practitioners who are disposed to recommend a very spare diet, in nearly all cases of insanity, will probably be startled at this account of the mode of living at the Retreat; and those more discriminating persons, of whose curative means, the anti-phlogistic, or, in plain English, the reducing system, forms so essential a part of treatment, wherever 'irritation or violence exists', may be disposed to consider our diet as more liberal than judicious. So many instances, however, have occurred of complete recovery, after a full trial, previously to admission, had been ineffectually given to diet and medicaments of a reducing nature; that the managers of this establishment, feel no inclination to alter their present plan.

Moral treatment. Experience . . . has happily shown, in the Institution whose practices we are attempting to describe, that much may be done towards the cure and alleviation of insanity, by judicious modes of management, and moral treatment. . . . The moral treatment of the insane, seems to divide itself into three parts . . . 1. By what means the power of the patient to control the disorder, is strengthened and assisted. 2. What modes of coercion are employed, when restraint is absolutely necessary. 3. By what means the general comfort of the insane is promoted . . .

The principle of fear, which is rarely decreased by insanity, is considered as of great importance in the management of the patients. But it is not allowed to be excited, beyond that degree which naturally arises from the necessary regulations of the family. Neither chains nor corporal punishments are tolerated, on any pretext, in this establishment. The patients, therefore, cannot be threatened with these severities; yet, in all houses established for the reception of the insane, the general comfort of the patients ought to be considered; and those who are violent, require to be separated from the more tranquil, and to be prevented, by some means, from offensive conduct, towards their fellow-sufferers. Hence, the patients are arranged into classes, as much as may be, according to the degree in which they approach to rational or orderly conduct . . . To the mild system of treatment adopted at the Retreat, I have no doubt we may partly attribute, the happy recovery of so large a proportion of melancholy patients . . . If it be true, that oppression makes a *wise* man mad, is it to be supposed that stripes, and insults, and injuries, for which the receiver knows no cause, are calculated to make a *madman* wise? or would they not exasperate his disease, and excite his resentment? May we not hence most clearly perceive, why furious mania, is almost a stranger in the Retreat? why all the patients wear clothes, and are generally induced to adopt orderly habits? The superintendent . . . is fully of opinion, that a state of furious mania, is very often excited by the mode of management . . .

If those who are friendly to what may be termed the terrific system of management, could prove, that, notwithstanding it may fix for life, the misery of a large majority of the melancholics; and drive many of the

more irritable maniacs to fury or desperation; yet that it is still, in its operation upon a large scale, adapted to promote the cure of insanity, they would have some apology for its discriminate adoption. If, on the contrary, a statement of the proportion of cures in the Retreat, shall sufficiently prove the superior efficacy of mild means, would not those, who are adopting an opposite line of treatment, do well to reflect on the awful responsibility which attaches to their conduct? . . .

In an early part of this chapter, it is stated, that the patients are considered capable of rational and honourable inducement; and though we allowed *fear* a considerable place in the production of that restraint, which the patient generally exerts on his entrance into a new situation; yet the *desire of esteem* is considered, at the Retreat, as operating, in general, still more powerfully. This principle . . . is found to have great influence, even over the conduct of the insane. Though it has obviously not been sufficiently powerful, to enable them entirely to resist the strong irregular tendencies of their disease; yet when properly cultivated, it leads many to struggle to conceal and overcome their morbid propensities; and, at least, materially assists them in confining their deviations, within such bounds, as do not make them obnoxious to the family. This struggle is highly beneficial to the patient, by strengthening his mind, and conducing to a salutary habit of self-restraint; an object which experience points out as of the greatest importance, in the cure of insanity, by moral means. That fear is not the only motive, which operates in producing *self-restraint* in the minds of maniacs, is evident from its being often exercised in the presence of strangers, who are merely passing through the house; and which, I presume, can only be accounted for, from that desire of esteem, which has been stated to be a powerful motive to conduct.

It is probably from encouraging the action of this principle, that so much advantage has been found in this Institution, from treating the patient as much in the manner of a rational being, as the state of his mind will possibly allow. The superintendent is particularly attentive to this point, in his conversation with the patients . . . They who are unacquainted with the character of insane persons, are very apt to converse with them in a childish, or, which is worse, in a domineering manner . . . The natural tendency of such treatment is, to degrade the mind of the patient, and to make him indifferent to those moral feelings, which, under judicious direction and encouragement, are found capable, in no small degree, to strengthen the power of self-restraint; and which render the resort to coercion, in many cases, unnecessary . . . With regard to . . . the necessity of coercion, I have no hesitation in saying, that it will diminish or increase, as the moral treatment of the patient is more or less judicious . . .

The managers of this Institution, are far from imagining that they have arrived at a state of perfection in the moral treatment of insanity. If they have made any considerable approaches towards it, their progress has only served to convince them how much more may probably be effected.

JOSEPH ADAMS (1756–1818)

MD Aberdeen, LRCP, physician of Madeira, subsequently physician to the Smallpox Hospital, London; biographer of John Hunter

A treatise on the supposed hereditary properties of diseases . . . particularly in madness and scrofula, 1814 *London, Callow* pp. 26-30

A second edition 1815

Adams was the first who devoted a whole book to the problem of 'the hereditary properties of diseases'. His thesis was that often it was not the disease which was inherited but a susceptibility to it and that recognition of this fact made prevention and cure possible. He distinguished 'between a *family* and *hereditary* peculiarity', in the former the disease 'is confined to a single generation', in the latter it 'is traced from generation to generation'; and further between diseases which 'appear at birth . . . which . . . are called *congenital*' and those which 'arise afterwards. The first only can with propriety be called *hereditary* or *family diseases*, all others we should consider as *hereditary* or *family susceptibilities*'. He subdivided susceptibility into 'A Disposition' if the disease 'is afterwards induced without any external causes', and 'A Predisposition' a lesser degree which required 'some external cause to induce the disease'. According to these definitions madness was 'never *hereditary*, but in *susceptibility*'; those 'cases of very early insanity [which] are recorded . . . rather come under the description of mental imbecility'. He attacked those who recommended 'celibacy . . . as a duty' to members of families tainted with 'susceptibility to madness', arguing that in-breeding which might be dangerous was in any case forbidden by 'revealed law', while marriage with 'healthy individuals' was often productive in the offspring of 'that enthusiasm, which, when well directed, proves the source of those achievements which aggrandize families, which encrease the glory of nations, and improve the conditions of mankind'. In this context he also made the interesting observation that in any case 'The worst stages of madness are attended with a total indifference to the sex, not to mention the very general inclination to suicide'.

HEREDITARY PREDISPOSITION

Madness, as well as *gout*, is never *hereditary*, but in *susceptibility*; and those who have paid the greatest attention to the subject, must admit the two degrees of susceptibility. When we perceive, (an event by no means uncommon) several children of the same parents, and sometimes in different branches of the same family, seized with madness about the age

of puberty, we cannot but admit a disposition to the disease; for though some mental irritation is usually assigned, yet the cause is often so trivial, that we cannot doubt whether the supposed effect has preceded it. Sometimes we find the disease cease, as the changes of the constitution during that period are compleated. If that should not be the case, little can be expected from art. But when the susceptibility amounts only to a *predisposition*, requiring the operation of some external cause to produce the disease, there is every reason to hope, that the action of the disease may be for the most part much lessened, if not prevented altogether: for this purpose, the hereditary peculiarity should always be kept in view in the direction of the early studies, in the subsequent employment, and in the discipline, during that early period of life, which admits and requires every judicious restraint.

These remarks may be for the most part applied to a state of susceptibility hitherto unnoticed, because not easily included in either of the other divisions. The state to which I refer is induced by pregnancy and child-birth in women, and at the more advanced climacteric in both sexes. Though the actions excited on these occasions arise from the functions of the economy, yet they are not the ordinary functions. In most cases the provisions of Nature are sufficient for preserving the subject during such changes; and on that account they are often too little regarded. In women, not only pregnancy and child-birth, but the critical period of advanced life is strongly marked, and many judicious cautions are to be found in medical writers on this last subject; but it is a great mistake to suppose, that the change in men, about the same age, is always unattended with any disturbance of the constitution . . .

On the whole, may we not draw the following conclusions from this part of our Inquiry, namely, That . . . when the susceptibility amounts only to a *predisposition*, or is insufficient to induce the disease without the access of some external cause, it may often be prevented or cured. That the same attempts at prevention and cure may often succeed when the susceptibility is excited into action by pregnancy, or by changes which take place at critical periods in more advanced life.

GEORGE NESSE HILL

PREVENTION AND CURE OF INSANITY, 1814

AN

ESSAY

ON

THE PREVENTION AND CURE

OF

INSANITY;

WITH

OBSERVATIONS ON THE RULES FOR THE DETECTION

OF

PRETENDERS TO MADNESS.

BY

GEORGE NESSE HILL,

MEDICAL SURGEON,

AND

SURGEON TO THE BENEVOLENT INSTITUTION FOR THE DELIVERY OF POOR MARRIED WOMEN IN CHESTER.

" Τὰς ἐπιδόσεις ὀρῶμεν γεγονέναι ἐδιὰ τὲς ἐμμενόντας τοῖς παθεστῶσιν, ἀλλὰ διὰ τὲς ἐπανορθοῦντας, καὶ τολμῶντας ἀεί τι καινοῦν τῶν μὴ καλῶς ἐχόντων."

ISOCRATES.

" For it is not a slight matter to proceed against a general opinion that has continued through all ages, or to wipe off the prejudices acquired thereby."

Jones on Opium, p. 62. 1701.

LONDON:

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BY

J. AND J. HADDOCK, WARRINGTON,

1814.

FIG. 139 Title-page of *An essay on the prevention and cure of insanity*, 1814, by George Nesse Hill.

George Nesse Hill (1766–1831) 'medical surgeon' of Chester wrote this critical compilation of 446 pages leavened by an appendix of 29 personally observed cases. As the title implies he stressed preventive and curative aspects, and perhaps as the result of seeing malingering among the Chester Garrison discussed 'the detection of pretenders to madness', a subject little heard of today (perhaps because superseded by 'amnesia'). His interest in 'madness' had been roused by 'the observations of my late worthy preceptor Dr. James Maddocks, of the London Hospital' who in his lectures had criticised physicians for not paying more regard 'to a class of diseases so distressing' and instead relegating them to 'men who make their management their only study'. Hill himself had 'devoted considerable attention to insane cases in two asylums and in private practice for thirty years' and had 'had in early life the superintendance of two houses of reception for lunatics'. On this he based his conclusions 'That Insanity I. has always a corporeal disease for its foundation. II. consists of but one species under two forms, viz. the Sthenic and the Asthenic, or *Mania* and *Melancholia* [the doctrine of John Brown (1735–1779) known as the Brunonian system]. III. is not a hereditary disease in the vulgar sense of the word as commonly understood. IV. is as generally curable as any of those violent diseases most successfully treated by medicine'. Accordingly 'the first and indeed principal object of the medical artist' when called to these cases 'is to explore organic mischief'. Incidentally Hill's book was one of the earliest to mention 'syphilitic lunatics': 'Epileptic, Paralytic and ancient syphilitic lunatics laboring under melancholia with great debility are essentially benefited by *Arsenic* . . .' That he had in mind some sort of organic nervous affection due to syphilis even if not general paralysis of the insane, is shown by his further statement that 'Youthful syphilitics . . . are in advanced life frequent victims to melancholia with peculiar brainular mischief'.

WILLIAM NORRIS

IN IRONS, 1814



FIG. 140 William Norris in his cell in Bethlem Hospital, May 1814

William Norris, aged fifty-five, in the apparatus by which he had been confined for at least ten years (evidence of the exact length of time was conflicting) when he was discovered in May 1814 by Edward Wakefield, MP, and a party of gentlemen in 'one of the cells on the lower gallery' in Bethlem Hospital. Some weeks later he was freed but died in February the following year from 'a very considerable disease of the lungs; a consumption' according to Sir William Lawrence who conducted the autopsy. This etching was made from the original drawing executed on the spot on 7 June 1814 at Wakefield's request and exhibited by him to *The Select Committee of the House of Commons appointed to consider of provision being made for the better regulation of madhouses*, 1815. The discovery of this horrible example of restraint and neglect roused public feeling and set the machinery in motion which ultimately led to the dismissal of Bethlem Hospital's apothecary and physician.

COMMITTEE ON MADHOUSES

FIRST REPORT. MINUTES OF EVIDENCE TAKEN BEFORE THE SELECT COMMITTEE APPOINTED TO CONSIDER OF PROVISION BEING MADE FOR THE BETTER REGULATION OF MADHOUSES, IN ENGLAND *Ordered, by the House of Commons, to be Printed, 25 May 1815* pp. 1, 4-5, 11-2, 61-2, 67-8, 70, 95-6

This was the first of four reports in 1815 and three in 1816 which together are often summarily referred to as the *Parliamentary inquiry into madhouses* 1815/6. The Committee took evidence between May 1815 and June 1816, and issued two further reports dealing with Scotland in 1816 and Ireland in 1817. Together they were a survey of the conditions and treatment of the insane wherever they were confined: in public asylums like York and Bethlem, in private madhouses like Miles's and Warburton's in Hoxton (which had a large proportion of pauper lunatics), in the few county asylums erected under the Act of 1808, in work-houses, poorhouses, houses of industry and correction as well as houses for single lunatics. A revelation to all but a few when they appeared they are today a historical source of the first importance containing information nowhere else to be found about how the insane actually fared as opposed to what was written about insanity in books, a disparity between theory and practice which emerges glaringly. Next to them the two earlier Parliamentary enquiries – that of 1807 which dealt with the problem of accommodation for pauper lunatics and provision for criminal lunatic [see Paul 1807] and that of 1763 which heard complaints of illegal confinement from a few disgruntled patients in a couple of private madhouses [see Act of 1774] – appear almost insignificant. In contrast the 1815/6 Committee's *Minutes of evidence* is a monumental documentary of about 450 folio pages with plans of asylums, covering all aspects of asylum life from the appointment of buildings to the glazing of windows; the conduct of physicians, apothecaries, madhouse owners, keepers and servants; types of lunatics, numbers confined, admissions, discharges, deaths and recoveries; diet, clothing, medical treatments and especially modes of restraint; administration, fees and costs; supervision and inspection; and so on. In fact so extensive were the Committee's inquiries that one of the witnesses J. B. Sharpe, surgeon to Sir Jonathan Miles's Madhouses at Hoxton, republished the *Report* of 1815 with 'each subject of evidence arranged under its distinct head'.

The Committee's chairman George Rose had worked from 1807 for better conditions for the insane by control and inspection of madhouses, but had failed repeatedly to get his bills through Parliament, and the Committee was eventually appointed as a result of the pressure of public indignation following the revelations at York Asylum 1813/4 and at Bethlem Hospital 1814 [see FIG. 140]. Investigation of these two asylums formed the main subject of the

Committee's enquiries but as they proceeded evidence was also called about the Nottingham Asylum (opened 1811), the York Retreat, St Luke's Hospital (the last two mainly as well run institutions for comparison), the condition of 'naval maniacs' in the private madhouses at Hoxton, and with regard to the powers and effectiveness of the Commissioners of the College of Physicians in London and magistrates in the provinces in controlling madhouses.

The Committee reported that their 'inquiries . . . have convinced them that there are not in the Country a set of Beings more immediately requiring the protection of the Legislature than the persons in this state . . . If the treatment of those in the middling or in the lower classes of life, shut up in hospitals, private madhouses, or parish workhouses, is looked at, Your Committee are persuaded that a case cannot be found where the necessity for a remedy is more urgent'. With 'the utmost confidence from the Evidence they now offer the House' the Committee suggested 'that some new provision of law is indispensably necessary for insuring better care being taken of Insane Persons'. They singled out the following basic evils of the system: '1st. Keepers of the Houses receiving a much greater number of persons . . . than they are calculated for . . . which greatly retards recovery'; '2dly. The insufficiency of the number of Keepers, in proportion to the number of persons intrusted to their care, which unavoidably leads to a greater degree of restraint than the Patients would otherwise be under'; '3dly. The mixing Patients who are outrageous, with those who are quiet and inoffensive'; '4thly. The want of medical assistance, as applied to the malady for which the persons are confined; a point worthy of the most serious attention, as the practice very generally is to confine medical aid to corporeal complaints'; '5thly. Restraint of persons much beyond what is necessary, certainly retarding recovery'; '6thly. The situation of the parish paupers in . . . houses for Insane Persons . . . [and] in parochial workhouses'; '7thly. Detention of Persons, the state of whose minds did not require confinement'; '8thly. Insufficiency of certificates on which Patients are received into the madhouses'; '9thly. The defective visitation of Private Madhouses'.

All these points in fact became the subject of legislation in the course of the next forty years, although another thirteen years were allowed to go by before the first of the new measures was introduced in the Acts of 1828. Nevertheless the impact of the Committee's findings was considerable. It focused interest on the fate of the neglected insane and created a body of progressive public opinion in favour of new legislation for the inspection and supervision of madhouses and asylums by the State. Even before this was enacted improvements followed (as in Bethlem Hospital whose physician Thomas Monro and apothecary John Haslam were dismissed) which according to Nicoll (1828) were 'unquestionably' brought about by 'the visitation of public opinion and of the House of Commons Committee'. Finally there can be no doubt that the lack of medical knowledge and interest in insanity to which the Committee had pointed acted as a considerable stimulus to medical men to take more seriously the study and treatment of the insane.

We have chosen portions of the evidence of Godfrey Higgins (1773–1833), Justice of the Peace of the West Riding of Yorkshire, and Edward Wakefield (1774–1854), land-agent and philanthropist of London, who discovered respectively the abuses at York Asylum and Bethlem Hospital which set the 1815 Committee in train; of John Haslam and Thomas Monro of Bethlem to show

in what spirit they conducted the oldest and most widely respected receptacle for lunatics, how they physicked their patients by season, what they thought of chains and leg-locks and what difference they made in the treatment of a gentleman and of a pauper lunatic; and that of Richard Powell (1767-1834), MD Oxon, FRCP, Secretary of the Commissioners of the College of Physicians who supervised nearly half the licensed madhouses in England.

MINUTES OF EVIDENCE

Godfrey Higgins, Esq.

In what condition did you find the Asylum when you visited it in the Spring Assize week of 1814? – Having suspicions in my mind that there were some parts of that Asylum which had not been seen, I went early in the morning determined to examine every place; after ordering a great number of doors to be opened, I came to one which was in a retired situation in the kitchen apartments, and which was almost hid by the opening of a door in the passage; I ordered this door to be opened; the keepers hesitated, and said, the apartment belonged to the women, and they had not the key; I ordered them to get the key, but it was said to be mislaid, and not to be found at the moment; upon this I grew angry, and told them, I insisted upon its being found, and that if they would not find it, I could find a key at the kitchen fire-side, namely, the poker; upon that the key was immediately brought. When the door was opened, I went into the passage, and I found four cells, I think, of about eight feet square, in a very horrid and filthy situation, the straw appeared to be almost saturated with urine and excrement; there was some bedding laid upon the straw in one cell, in the others only loose straw; a man (a keeper) was in the passage doing something, but what I do not know; the walls were daubed with excrement; the air holes, of which there were one in each cell, were partly filled with it; in one cell there were two pewter chamber-pots loose. I asked the keeper, if these cells were inhabited by the patients? and was told they were at night. I then desired him to take me up stairs, and shew me the place of the women who came out of those cells that morning; I then went up stairs, and he shewed me into a room, which I caused him to measure, and the size of which he told me was twelve feet by seven feet ten inches, and in which there were thirteen women, who he told me had all come out of those cells that morning.

Were they pauper women? – I do not know; I was afraid that afterwards he should deny that, and therefore I went in and said to him, 'Now, Sir, clap your hand upon the head of this woman,' and I did so too; and I said, 'Is this one of the very women that were in those cells last night,' and he said she was; I became very sick, and could not remain longer in the room . . .

Do you know whether any book or books are kept, so as to ascertain with accuracy the number of patients admitted, and how they are disposed of,

whether by cure, or by death, or escapes, or in any other way ? – There was a set of books regularly kept by the apothecary, and also another set by the steward, both of which purported to be a correct account of the admissions of the patients, and how they were disposed of, but I have reason to believe that those accounts were false, and that they were kept falsely on purpose . . . The Accounts kept by the apothecary and the steward, were Debtor and Creditor Accounts; and as it appears, from a comparison of the Report of the Committee and the extracts from the York Herald, that the deaths of 144 patients had actually been concealed . . .

Mr. Edward Wakefield

Have you visited Bethlem ? – I have, frequently; I first visited Bethlem on the 25th of April 1814.

What observations did you make ? – . . . On . . the 2d of May . . . we first proceeded to visit the women's galleries: one of the side rooms contained about ten patients each chained by one arm or leg to the wall; the chain allowing them merely to stand up by the bench or form fixed to the wall, or to sit down on it. The nakedness of each patient was covered by a blanket-gown only; the blanket-gown is a blanket formed something like a dressing-gown, with nothing to fasten it with in front; this constitutes the whole covering; the feet even were naked. One female in this side room, thus chained, was an object remarkably striking; she mentioned her maiden and married names, and stated that she had been a teacher of languages; the keepers described her as a very accomplished lady, mistress of many languages, and corroborated her account of herself. The Committee can hardly imagine a human being in a more degraded and brutalizing situation than that in which I found this female, who held a coherent conversation with us, and was of course fully sensible of the mental and bodily condition of those wretched beings, who, equally without clothing, were closely chained to the same wall with herself. Unaware of the necessities of nature, some of them, though they contained life, appeared totally inanimate and unconscious of existence . . . In the men's wing in the side room, six patients were chained close to the wall, five handcuffed, and one locked to the wall by the right arm as well as by the right leg; he was very noisy; all were naked, except as to the blanket gown or a small rug on the shoulders, and without shoes; one complained much of the coldness of his feet; one of us felt them, they were very cold. The patients in this room, except the noisy one, and the poor lad with cold feet, who was lucid when we saw him, were dreadful idiots; their nakedness and their mode of confinement, gave this room the complete appearance of a dog-kennel . . .

Chains are universally substituted for the strait-waistcoat. In the men's wing were about 75 or 76 patients, with two keepers and an assistant, and about the same number of patients on the women's side; the patients were in no way distinguished from each other as to disease, than as those

who were not walking about or chained in the side rooms, were lying stark naked upon straw on their bedsteads, each in a separate cell, with a single blanket or rug, in which the patient usually lay huddled up, as if impatient of cold, and generally chained to the bed-place in the shape of a trough. . .

In one of the cells on the lower gallery we saw William Norris; he stated himself to be 55 years of age, and that he had been confined about 14 years; that in consequence of attempting to defend himself from what he conceived the improper treatment of his keeper, he was fastened by a long chain, which passing through a partition, enabled the keeper by going into the next cell, to draw him close to the wall at pleasure; that to prevent this, Norris muffled the chain with straw, so as to hinder its passing through the wall; that he afterwards was confined in the manner we saw him, namely, a stout iron ring was rivetted round his neck, from which a short chain passed to a ring made to slide upwards or downwards on an upright massive iron bar, more than six feet high, inserted into the wall. Round his body a strong iron bar about two inches wide was rivetted; on each side the bar was a circular projection, which being fashioned to and inclosing each of his arms, pinioned them close to his sides. This waist bar was secured by two similar bars which, passing over his shoulders, were rivetted to the waist bar both before and behind. The iron ring round his neck was connected to the bars on his shoulders, by a double link. From each of these bars another short chain passed to the ring on the upright iron bar. We were informed he was enabled to raise himself, so as to stand against the wall, on the pillow of his bed in the trough bed in which he lay; but it is impossible for him to advance from the wall in which the iron bar is soldered, on account of the shortness of his chains, which were only twelve inches long. It was, I conceive, equally out of his power to repose in any other position than on his back, the projections which on each side of the waist bar inclosed his arms, rendering it impossible for him to lie on his side, even if the length of the chains from his neck and shoulders would permit it. His right leg was chained to the trough; in which he had remained thus encaged and chained more than twelve years . . .

Mr. John Haslam

You are Apothecary of the Hospital at Bethlem? – I am.

How long have you been in this situation? – I was elected in the year 1795, I have been in that situation nearly twenty years.

What number of inhabitants have you in the Hospital now? – I believe there are about 122, within one or two.

What number of keepers are there to those patients? – There are two female keepers, and there are five male keepers, two of whom, in rotation, perform the offices of cook and cutter.

So that there are only three in constant attendance as keepers? – Of the males, and two of the females.

Are you of opinion that the five who perform the duty of keepers, are sufficient for the attendance upon 121 Insane persons ? – That will depend very much on the state of violence in which such patients may be . . .

How many were under restraint when you went round this morning ? – I should think among the females six, and among the males, I think not more than four.

What is the nature of the restraint they were under ? – I should divide the subjects into restraint and coercion: the ultimatum of our restraint is manacles, and a chain round the leg, or being chained by one arm; the strait-waistcoat, for the best reasons, is never employed by us; if a patient will not walk, the driving him to walk I call coercion; if he will not go into the bath, he is driven or compelled, and coerced to go into the bath . . .

Dr. Richard Powell

Do the Commissioners visit the houses once a year, and occasionally at other times ? – They do; all houses once, and where there appears a necessity, more than once.

Do they on such visits, examine minutely into the state of the houses, and into the conditions of all the apartments in them and as to the care of the patients ? – Yes.

Do they enquire into the medical treatment of the patients ? – Not particularly.

Do they at all enquire into the medical treatment ? – Into the medical attendance, certainly; that is to say, it is very frequently asked, Who attends this patient; but in the propriety of the medicine administered, or into the medical treatment of the patient, they do not go; nor do they make this enquiry in every case.

Do they make minutes of their observations in those examinations ? – They do; their present minute book, which I have been ordered to bring with me, I beg leave to lay before the Committee . . .

Have circumstances occurred tending to impeach the character of any of those houses, upon the visitations made ? – Certainly. Every fault that is found, impeaches the character; and there are many noticed in that book.

If any discovery is made deserving censure or animadversion, is that stated in a paper, and hung up in the censor's room of the College ? – Very seldom; because the method of publication by such mode of hanging up, has been thought to be completely inefficient: It is thus hung up in a private room, into which few persons go; but if any minute is made containing censure, or finding fault with particular conduct, the secretary is usually directed to write to the keeper, and to inform him of the circumstances: And if the house has been ill conducted, the Commissioners make a point of visiting again very speedily, in order to see whether the same objection still exists . . .

Have you reason to believe that regular accounts are transmitted of patients

in the houses within seven miles of London, within three days after their admission? – There are instances to the contrary; but in general I believe they are very correctly returned.

When instances to the contrary have occurred, what has been done upon it? – If the omission appeared to have originated merely from error, the Commissioners have reprehended the keeper and directed greater attention for the future; but in glaring instances they have ordered prosecutions . . .

In the event of a licence being withdrawn from a person keeping a house for the reception of Insane persons, on account of gross misconduct, have the Commissioners power to refuse that man a new licence, if he should apply for one the next day? – Certainly not, under the Act . . .

Has no instance occurred within your observation, of circumstances falling under the cognizance of the Commissioners, which would have justified their withdrawing the licence? – Probably many circumstances of ill conduct would have done that, and there have been abundant instances of such, but the Commissioners have never in fact withdrawn the licence; how far they would have considered themselves justified in doing it, I cannot say.

Do you conceive that the provisions of the Act of the 14th of His present Majesty are sufficient for carrying into effect the purposes intended by that Act? – I do not; the visitations have done an immensity of good; but the Commissioners have not sufficient powers . . .

Dr. Thomas Monro

Are you aware that Mr. Haslam has in his book expressed an opinion, that the practice of vomiting is generally unfavourable? – Yes, I am.

Does the practice still continue in the Hospital, notwithstanding that opinion? – Yes; people may differ in opinion; I vomit my patients freely.

Of course Mr. Haslam follows that practice, under your orders? – Under my orders of course.

It is not practised at St. Luke's, is it? – I do not know indeed.

Is the bathing and vomiting performed at the same periods, or periodically, like the other modes of treatment? – They are ordered to be bled about the latter end of May, or the beginning of May, according to the weather; and after they have been bled they take vomits once a week for a certain number of weeks, after that we purge the patients; that has been the practice invariably for years, long before my time; it was handed down to me by my father, and I do not know any better practice.

Incurables are not physicked? – No, not in general, unless they require it. We do not, generally speaking, give them medicines; if their bowels are in a state of constipation we give them physic.

You have stated a particular period of the year when medicines are given to the patients; is medicine administered to them at other times of the year? – Not in the winter season, unless they are ill and require it, except in some

particular cases that we think medicine will be of use, there of course we give it to them.

Medicine is administered to them at other times of the year, if they require it? – Certainly.

On account of their mental derangement, without respect to their bodily complaint? – Yes; if a patient comes in extremely violent and furious he is purged and bled . . .

Would you treat a private individual patient at your own house, in the same way as has been described in respect of Bethlem? – Certainly not.

As to the physicking and bleeding? – Oh yes, I frequently do exactly the same thing in my own house, at this time of year, with respect to the medical operations; but I understood the question to refer to management.

What is the difference of management? – In Bethlem the restraint is by chains; there is no such thing as chains in my house.

Why is not the restraint by chains and fetters, in your private house? – There is such a number of servants, there is no sort of occasion; I have forty odd patients, and as many servants . . .

Are you of opinion, that if a greater number of keepers was allowed in Bethlem, there would be less necessity for restraint? – The more keepers there are, the less necessity I should think for restraint; for the more keepers there are, the more there are to watch them, and prevent them from being riotous and mischievous . . .

What are your objections to chains and fetters, as a mode of restraint? – They are fit only for pauper Lunatics; if a gentleman was put into irons, he would not like it . . .

What idea do you affix to the words, that a gentleman would not like irons? – In the first place, I am not at all accustomed to gentlemen in irons; I never saw any thing of the kind: it is a thing so totally abhorrent to my feelings, that I never considered it necessary to put a gentleman into irons.

Do you or not think that a man in a superior rank of life is more likely in a state of insanity to be irritated by such a mode of confinement, than a pauper Lunatic? – Most assuredly.



FIG. 141 View of Bethlem Hospital in St. George's Fields, Southwark where it removed from Moorfields in 1815 (Payne's *Illustrated London*, 1846-7). When in 1930 the hospital moved to Monk's Orchard, Kent, the centre building clipped of its wings remained as the Imperial War Museum.

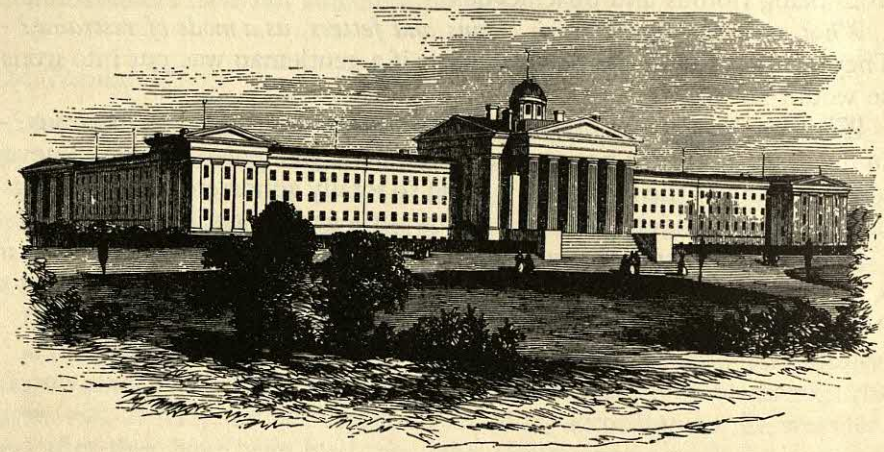


FIG. 142 The New York State Asylum at Utica, opened 1842 for about 800 patients, showing an architectural family likeness of asylum buildings (*Journal of Psychological Medicine*, 1850, vol. 3, facing p. 561).

THOMAS BAKEWELL (1761–1835)

Owner of Spring Vale Asylum near Stone, Staffordshire

A letter, addressed to the chairman of the Select Committee of the House of Commons, appointed to enquire into the state of mad-houses: to which is subjoined, remarks on the nature, causes, and cure of mental derangement, 1815 *Stafford, Chester* (pp. 100) pp. 7, 9, 11, 16, 22-3, 27-9, 32-3, 36, 39-40, 57, 79-80

Bakewell was the last of the private madhouse owners without medical training formal or informal, who attempted to improve the state of psychiatry by distilling the fruits of his experience in print and whose skills derived from the knowledge handed down in the family and advanced by his own practice. Bakewell's grandfather and uncle had 'kept Mad Houses' and he was brought up in this atmosphere. After some years as a weaver and wandering as far afield as America, he settled in the family business in the mid-1790s. In 1805 'from a full conviction that such a work is wanting' he published *The domestic guide, in cases of insanity . . . Recommended to private families, and the notice of the clergy* [see FIG. 143] in which he looked back on 'not more than fifty years since a man was generally thought a conjurer through several of the midland counties, for no other reason, than because . . . he had cured numbers of insanity', and forward to the time perhaps not 'far distant, when this . . . complaint, shall be found as much under the power of medicine, as many others that are thought slightly of'. Indeed he asked 'May not future enquirers even go so far as to endeavour to relieve idiots ?' The book had little of the self-advertising which marked earlier similar publications and just one touch of quackery in his apology 'for the extreme shortness of the list of medicines used' many of which he was 'under strong family obligations not to disclose'. Otherwise it was a straightforward account of his practice typical of such establishments: 'chains, strait waistcoat . . . dark rooms, low keep, and medicine' for the raving mad or melancholy, and 'proper mental remedies' at 'the first advances of convalescence'. To avoid prolonged incarceration escapees were made to wear 'the links', a small chain secured to the ankles 'so that the wearer can only shuffle one foot before the other, a few inches at a time'. He was frank enough to record that on one occasion 'a maniac confined in the room over my own . . . bellowed like a wild beast, and shook his chain, almost constantly for several days and nights . . . I therefore got up, took a hand whip, and gave him a few smart stripes upon the shoulder . . . he disturbed me no more'. But he thought 'nothing . . . more foolish, than the attempt to enforce obedience . . . by the use of the whip: it only begets opposition and obstinacy'.

In May 1815 Bakewell gave evidence before the *Select Committee of the House of Commons on the state of madhouses:* 'My house has never been visited as

directed by the Act of Parliament [1774] . . . I am the head keeper; I am always at home . . . my wife is as much of a keeper as the servants, and more so . . . I had not a regular medical education . . . I was some years with my uncle, who succeeded to his father, who was my grandfather, and I knew his practice . . . Occasionally I call a physician . . . I have had patients of my own for nearly twenty years, in a private way . . . Of the seventy recent cases, sixty-one have been discharged, recovered', and so on. Clearly the honour of being called before the Committee had an exhilarating effect on Bakewell for on his return he wrote his major work from which the extracts quoted are taken. Again he affirmed that he wrote 'merely as an experienced Keeper'. He would have liked to see 'a sweeping legislative measure, that should recognize every Lunatic as a Child of the State . . . National Hospitals, for the cure of Insanity alone' each with 120 patients 'in three divisions . . . under separate Masters'. The proximate cause of 'Insanity' is 'corporeal', its symptoms depend on 'mental derangement'; treatment must therefore be 'medical' to remove the cause and 'moral' to remove 'the disease itself'. Because 'a strong and rational impression' often produced 'a lucid interval' in which 'the Patient shall reason as well as others', he concluded that 'Insanity is not, in its simple general state, any injury to the faculties of the mind . . . We are all of us liable to erroneous and visionary conceptions of thought' he wrote, 'and it is only the balance of rational conceptions that constitutes the difference betwixt those who are called Sane, and those who are called Insane'. This refreshingly modern and liberal view was made the subject of his son Samuel Glover Bakewell's inaugural dissertation for the Edinburgh MD in 1833 (republished in an enlarged English translation as *An essay on insanity*, 1836 when he succeeded to Spring Vale on his father's death). After comparing his results with those obtained at the York Retreat, Bethlem, St Luke's and the Salpêtrière, Bakewell senior ended with a 'selection of forty cases' of which the one quoted here gives a vivid picture of the difficulties encountered in treating a violent and negativistic schizophrenic.

THE LUNATIC A CHILD OF THE STATE

The general treatment of the Insane is incontestably wrong; it is an outrage to the present state of knowledge, to the best feelings of enlightened humanity, and to national policy. It is become too a matter of great importance; for there are most unquestionably, at this moment, many thousands, perhaps some tens of thousands, of our fellow beings, languishing in hopeless confinement as incurable Lunatics, who, under a better system of treatment, might have been useful, safe, and happy members of society . . . Large Public Asylums for the Insane, are certainly wrong, upon system; for nothing can be more calculated to prevent recovery, from a state of Insanity, than the horrors of a large Mad House, close confinement, and a state of idleness in the company of incurable Lunatics . . .

Great numbers of those afflicted with Insanity, are kept from all timely means of recovery, by the ill judged parsimony of Parish Officers, who only regard present expenses, and a still greater number by the folly and

wickedness of their nearest relations; nor do I suppose that one half of those who become insane, are ever put into any Mad House, either public or private: they are to be found in gloomy Cells of Parish Workhouses, in dark Closets, or cold Garrets, of private Houses, uttering execrations against their relations, and the Almighty; or they are suffered to stroll about as beggars, to the great terror of the inhabitants; in every situation equally unprotected . . .

I think that I have made out a case for the unfortunate tribe of Lunatics; for though my information is only local, yet it may be fairly concluded that what is practised within the circle of my knowledge, is practised elsewhere. It remains for me to point out the best remedy, and this I can only do, by the recommendation of a sweeping legislative measure, that should recognize every Lunatic as a Child of the State: and as exhibiting the best methods of recovery must be of the first consequence, I would have it enacted, that all large public Asylums for the Insane should have receiving Houses, for the reception of all recent cases; where the Patients should have full trial, of the best curative means, previous to being admitted among incurables; or even the mention of incurable Lunacy: such receiving Houses to be in dry, healthy, elevated country situations; with enclosures of Land, sufficient for all the purposes of out-door amusements, exercise, or regular employment, in Horticulture or Agriculture; with walls, or other fences, sufficient to prevent escape, and the intrusions of idle curiosity; and instead of being places of close confinement, in a state of inactivity, they should be so constituted that the Inmates might enjoy a greater degree of liberty, and of mental and corporeal exertion, than they could possibly be intrusted with elsewhere . . . Might I . . . be permitted to recommend a public measure for the better treatment of the Insane, it should be that of National Hospitals, for the cure of Insanity alone; to admit none but recent cases, and to keep them only for a limited time; the Masters and Servants to have liberal fees for every recovery, which fees should be entirely lost in cases of failure. I would say that ten would be sufficient for England and Wales . . . Each of these Hospitals to be equal to the reception of one hundred and twenty Patients, in three divisions of forty each, one for males, one for females, and one for convalescents of both sexes; to be quite apart, under separate Masters and Keepers.

RATIONAL IMPRESSIONS ON THE INSANE

What is Insanity? Can a plain answer be found to this plain question, by a careful perusal of our English writers upon the subject? I think not: there has, in my opinion, been too much of the glare of science, and too little of common observation, on a matter of such universal import. I have gone over the pages of all, or the greater part of what is presented to the mere English reader upon mental Derangement, and have felt myself

greatly disappointed by learned distinctions, and scientific definitions. It is true, that I may not be able, from the want of education, to appreciate the merits of the respective writers; be that as it may, I confess that I am an empiric, whose opinions are entirely the result of assiduous observation; I have lived for a number of years amongst Lunatics; I have been in their company almost constantly, from morning till night, and not unfrequently from night till morning. Besides the advantage of private practice for twenty years, and a knowledge of the practice of my Grandfather and Uncle, who kept Mad Houses, in about an hundred and fifty cases, I have attended to every shade, of every variety, of this disorder, with the most anxious solicitude, to establish an hypothesis, that should be reconcileable with the different phenomena of the disease . . . The last writer upon this complaint, whose pages I have cut open, informs his readers, that man is an homogeneous mass of mind and body, that what we term mental diseases, are, in fact, corporeal diseases . . . On the other hand, many writers speak of Insanity as a primary, idiopathic disease of the mind . . .

It must be admitted, that in those confirmed cases, where the suggestions of erroneous or visionary thoughts, are insisted upon as realities and rational facts, that the power or faculty of the mind, by which we are enabled to judge of the correctness of our own thoughts, is suspended; but the most common symptom is the excess of action in the thinking principle; the Patient being, at times, conscious of this excess. I had a man brought to me a short time since, in a confirmed state of raving Insanity; but as the journey and the novelty of the scene, by making a strong impression upon the mind, generally produce a lucid interval, I take the opportunity of obtaining what information I can from the Patients themselves; I said, 'Pray, my good man, what is the matter with you?' His answer was, 'Why, Sir, the folks say that I am mad, for I cannot help saying all that ever comes into my head'. Now, were I to say all that ever comes into my head, the folks would soon say that I was mad, and my readers may confess the same . . .

The disease, in its mildest state, simply consists in the prevalence of erroneous or visionary conceptions, with which reason has nothing to do: Induce, by means of new and strong impressions upon the senses, a new train of thoughts, and the Patient shall reason as well as others . . . in fact, we find, that in the worst state of mental derangement, a strong and rational impression, shall overcome the morbid power, and produce a lucid interval: and the influence of these rational impressions, are in proportion to the diminished power of . . . habit; that is, if I am able to make a rational impression upon my Patient to-day, so as to produce a lucid interval, the same will be more easy to-morrow, provided the bodily temperature remains the same, and the impression is equally strong and of equal novelty; and in a state far short of medical discovery in this disease, a constant succession of new and strong impressions, shall keep

the Patient rational, and greatly conduce to permanent restoration . . . There are, therefore, two views that we may take of Insanity; one in which it is simply a symptom of bodily disease, and the other in which physical disease has brought into action mental intensity, or mental perturbation, so as to produce actual derangement. The whole may be reduced to this, that Insanity consists in the power of erroneous conceptions of thought, which are occasioned by a morbidly increased nervous excitement, the effect of bodily disease; and that the cure depends upon strong and rational and opposite conceptions of thought being made upon an amended constitution: so that while a removal of the approximate cause of Insanity is a medical work, the removal of the disease itself, is a moral work; which should go hand in hand with the other . . . I never sit at table without a number of Lunatics on each side of me; I treat them exactly as I should do if they were not afflicted with that disease, and, in return, they almost uniformly behave as if nothing was the matter with them; for the scene before them, by keeping up their attention, produces a rational interval.

NEGATIVISM

Female, single. Age, 25. Had been six months under the care of another Keeper, when brought to me. I often said, that if ever the devil was in woman, he was surely in this. Good heavens! when I look back upon the trouble and anxiety I underwent with this creature, I wonder how ever I got through it; her filth, her fury, disgusting language, and her almost constant nakedness for nearly two months, it being totally impossible to keep any clothes upon her, and it was scarcely possible to keep her from tearing her own flesh to pieces, as well as others; these altogether left her almost without the appearance of a human being: till I had her, I thought I could manage any with the strait waistcoat; but her teeth bid defiance to every attempt to keep even that upon her. But all our extraordinary trouble arose from our not making the discovery sooner, that her particular hallucination was, a determined opposition to the wishes of those about her; and we had only to express the opposite of our wishes, and it was immediately done; as, Miss, you must not eat that food, it is for another person; and it was immediately taken and eaten up. Miss, you must not take that medicine, it is for such a lady, this is your's; and it was gone in an instant. Miss, you must lie still to-day; you must not get up, and wash you, and dress you very neatly; and up she got, and did all we bid her not to do. We therefore took care to bid her be sure to tear her clothes all to pieces, and she remained dressed. This was certainly a departure from my usual plan of treating my patients as rational beings; but it was a case of necessity. Purgatives, tonics, chalybeates, the warm bath, cold effusion, and embrocations to the head, were put in requisition: industry and determined perseverance may do wonders; she got quite well, and became the well-dressed, well-bred lady . . . After this case, I shall never think any too bad for recovery; she was under my care six months.

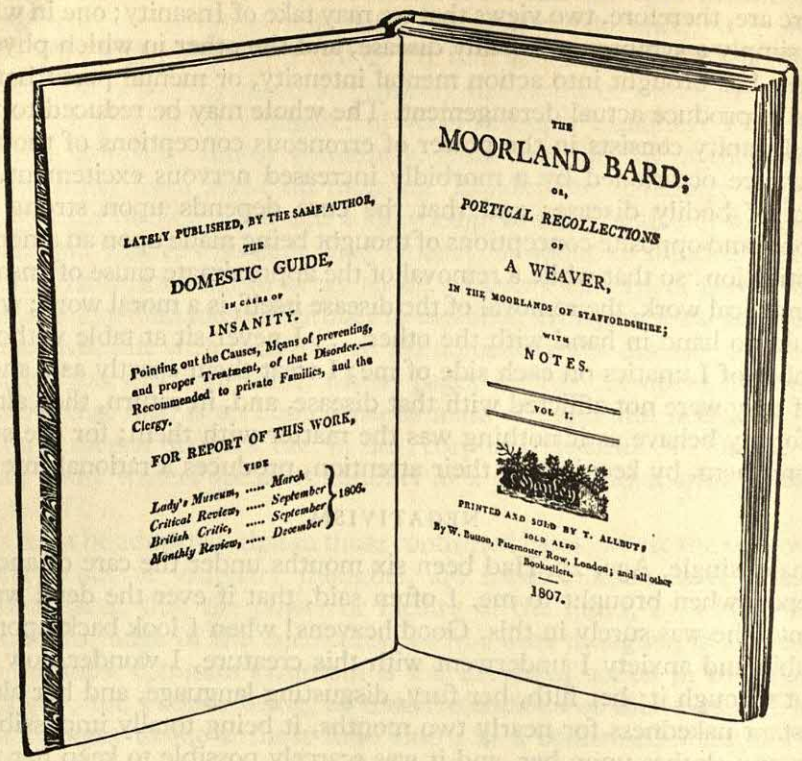

LATELY PUBLISHED, BY THE SAME AUTHOR,
THE
DOMESTIC GUIDE,
IN CASES OF
INSANITY.
Pointing out the Causes, Means of preventing, and proper Treatment, of that Disorder.—Recommended to private Families, and the Clergy.
FOR REPORT OF THIS WORK,
VIDE
Lady's Museum, ... March
Critical Review, ... September
British Critic, ... September
Monthly Review, ... December
} 1806.
THE
MOORLAND BARD;
OR,
POETICAL RECOLLECTIONS
OF
A WEAVER,
IN THE MOORLANDS OF STAFFORDSHIRE;
WITH
NOTES.
VOL. I.
PRINTED AND SOLD BY T. ALLBUTT
SOLD ALSO
By W. Button, Paternoster Row, London; and all other Booksellers.
1807.

FIG. 143 *The Moorland Bard*, 1807, an anonymous collection of poems in two volumes by Thomas Bakewell, opened to show title-page with advertisement of his *Domestic guide in cases of insanity* (1805) facing it.

This collection contains a number of verses on psychiatric subjects as 'Drunkenness not distinguishable from Madness' and 'Lines after a Dispute respecting Insanity'. It is a curious fact how many psychiatric physicians of the eighteenth and nineteenth centuries devoted leisure to writing verse most of it minor and long forgotten. Only Sir Richard Blackmore – Jonathan Swift's 'Arch-poet' – achieved equal fame as poet and physician, and Erasmus Darwin's *The Botanic Garden*, 1790 and *The Temple of Nature*, 1803 survive if little read because of the lustre of his name. For the rest, William Perfect published a number of anonymous volumes with titles like *A Bavin of Bays . . . By a Minor Poet*, 1763 and *The Laurel-Wreath; being a Collection of Original Miscellaneous Poems*, 1766 in two volumes; Thomas Beddoes also versified but more important he was the father of Thomas Lovell Beddoes the poet-physician; Thomas Brown's collected edition of poems came out in four volumes in 1820; Thomas Trotter perpetrated verses suitably published as *Sea Weeds*, 1826 as they were written 'chiefly during a naval life'; Pliny Earle perhaps because of his fondness for travel called his *Marathon, and other Poems*, 1841. By far the most popular was Nathaniel Cotton's anonymous *Visions in Verse, for the Entertainment and Instruction of Younger Minds*, 1751 which reached eleven editions in his lifetime.

JOHANN GASPAR SPURZHEIM (1776–1832)

MD Vienna & Paris, LRCP, phrenologist, born near Treves in the Rhineland, died at Boston, Massachusetts

The physiognomical system of Drs. Gall and Spurzheim, 1815 *London, Baldwin* et al. (pp. xviii +571 +plates) pp. 164-74, 208-12, 271, 276-83, 557-8

THE

PHYSIOGNOMICAL SYSTEM

OF

DRS. GALL AND SPURZHEIM;

FOUNDED ON

AN ANATOMICAL AND PHYSIOLOGICAL EXAMINATION

OF THE

NERVOUS SYSTEM IN GENERAL,

AND OF THE

BRAIN IN PARTICULAR;

AND INDICATING THE

DISPOSITIONS AND MANIFESTATIONS OF THE MIND.

By J. G. SPURZHEIM, M.D.

Being at the same Time a Book of Reference for Dr. Spurzheim's Demonstrative Lectures.

ILLUSTRATED WITH NINETEEN COPPER-PLATES.

LONDON:

PRINTED FOR BALDWIN, CRADOCK, AND JOY,
47, *Paternoster Row*;
AND WILLIAM BLACKWOOD, EDINBURGH.

1815.

FIG. 144 Title-page of J. G. Spurzheim's *Physiognomical system of Drs. Gall and Spurzheim*, 1815.

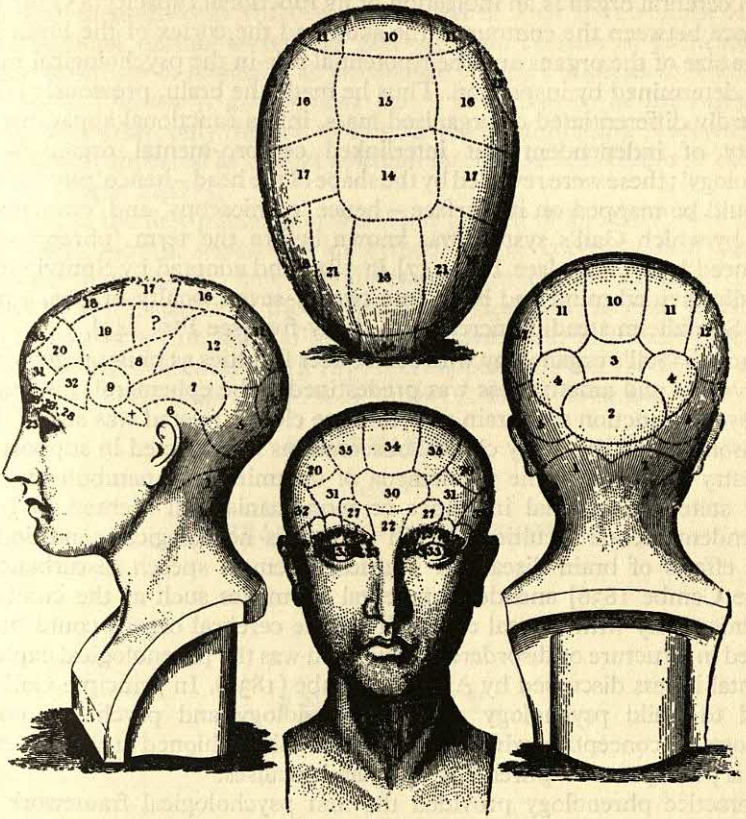
At the turn of the eighteenth century when little was known of the structure of the brain and almost nothing of its function, when not even grey and white matter had been anatomically or functionally distinguished, when the cerebellum was an entire mystery and the decussation of the pyramids not accepted, when

the cranial and spinal nerves had not been traced inside the central nervous system and one way traffic in afferent and efferent nerves had not been established; when the mind was divided into three faculties, reason, imagination and memory, and was considered a *tabula rasa* (after Locke) at birth alike in all men whose later talents and distinctions resulted from outside influences such as education and the accidental circumstances of life; when introspection and the laws of association were the only means of examining the mind; when to suggest that man's intellectual and moral endowment resulted from his superior physical organisation was regarded as subversive of morals and society and atheistic; when Europe was in the throes of great social and political upheavals – there appeared on the scientific scene Drs Gall and Spurzheim, that almost hyphenated pair, with what became known as their phrenological system and made an impact in all these fields.

Franz Joseph Gall the founder and originator of its essence to bring psychology within the framework of the biological sciences, was born in 1758 at Tiefenbrunn in Baden, graduated MD Vienna in 1785 and developed a large practice in that city. By 1792 he was working on his doctrine of the brain and a few years later started lecturing. In 1800 Spurzheim became his pupil and in 1804 his collaborator. Forbidden to continue lecturing by the Austrian Government, they left Vienna in 1805 and like Mesmer thirty years earlier (by no means the only similarity in their lives or in the history of their movements) settled in Paris after a two years tour through the 'intellectual centres' of Germany, Switzerland, Holland and Denmark which brought the great scientists in contact with the new anatomy of the brain. In 1813 they parted, Gall continuing to demonstrate, dissect and elaborate his ideas in Paris where he remained until his death in 1828 except for a short visit to England in 1823. Spurzheim embarked on a career of propaganda and popularisation on the Continent, the British Isles and America.

Gall's original inspiration was the impression as a schoolboy that fellow pupils with excellent memories had prominent eyes. This association of a particular talent with a particular feature may have been kept alive by contemporary interest in J. C. Lavater's then flourishing science of physiognomy (more correctly pathognomy – see FIG. 107) designed to reveal the inner man from outer signs. This was itself a continuation of the age old quest for *The art how to know men* (the title of the 1665 translation of M. de la Chambre's book). But whereas this was a theory of aesthetics, Gall's was a comparative psychology based on a scientific attempt to anatomise faculties, propensities, temperaments and brains. Adopting the new and admirable principle of proceeding from analysis of function to that of structure, he made discoveries in the nervous system to which anatomy alone could not and in fact did not lead. He started by examining the heads of children and adults, those with marked deficiencies or propensities, idiots and lunatics, the deaf and dumb, criminals as well as those with special gifts like musicians, and so gained the conviction that there were many specific faculties rather than a few general powers. At the same time he dissected the brains of animals and compared the evolution of their shapes and sizes with their skills and skulls. This combined study of comparative anatomy and psychology revealed that the development of intelligence from animals to man was paralleled by ever increasing complexity and surface area of the cerebral cortex, and so confirmed it as the seat of the higher human faculties and no

mere shell as its name implied, nor a secretory organ as had been thought, but 'the matrix of the nerves'. In the course of dissecting by his new method along the line of fibres instead of the customary vertical or horizontal slicing of the brain, he further established that the white matter consisted of nerve fibres issuing from grey matter, traced fibre tracts from the medulla upwards and so discovered cranial nerve nuclei, the interlacing of longitudinal and transverse



Names of the Phrenological Organs

REFERRING TO THE FIGURES INDICATING THEIR RELATIVE POSITIONS.

AFFECTIVE

I. PROPENSITIES		II. SENTIMENTS		INTELLECTUAL I. PERCEPTIVE		II. REFLECTIVE	
1 Amativeness Page	116	10 Self-esteem	231	22 Individuality	380	34 Comparison	401
2 Philoprogenitiveness	121	11 Love of approbation	243	23 Form	385	35 Causality	411
3 Concentrativeness	134	12 Cautiousness	252	24 Size	389		
4 Adhesiveness	151	13 Benevolence	261	25 Weight	393		
5 Combativeness	157	14 Veneration	274	26 Colouring	399		
6 Destructiveness	165	15 Firmness	285	27 Locality	414		
+ Alimentiveness	184	16 Conscientiousness	288	28 Number	420		
7 Secretiveness	190	17 Hope	304	29 Order	424		
8 Acquisitiveness	203	18 Wonder	309	30 Eventuality	425		
9 Constructiveness	217	19 Ideality	322	31 Time	434		
		? Unascertained	334	32 Time	441		
		20 Wit or Mirthfulness	340	33 Language	446		
		21 Imitation	353				

FIG. 145 Names and locations 'of the Phrenological Organs', frontispiece of the fourth edition of George Combe's *A system of phrenology*, 1836.

fibres in the pons, the termination of the optic nerves in the corpora quadrigemina, demonstrated once and for all the decussation of the pyramids and distinguished 'convergent' (afferent) from 'divergent' (efferent) pathways.

On his observations he formulated the five points of his doctrine: (1) the brain is the organ of mind; (2) mind can be analysed into independent faculties; (3) these are innate and have their seat in the cortex of the brain; (4) the size of each cerebral organ is an indication of its functional capacity: (5) the correspondence between the contour of the skull and the cortex of the brain is such that the size of the organs and their potential role in the psychological make-up can be determined by inspection. Thus he made the brain, previously regarded as a hardly differentiated or organised mass, into a functional apparatus with a plurality of independent but interlinked cerebro-mental organs – hence 'organology'; these were revealed by the shape of the head – hence 'physiognomy'; and could be mapped on its surface – hence 'cranioscopy' and 'craniology', all names by which Gall's system was known before the term 'phrenology' was introduced by Forster [see FIG. 147] in 1815 and adopted by Spurzheim. Gall originally divided mind and brain into twenty-seven faculty-organs, a number which Spurzheim steadily increased to thirty-five [see FIG. 145].

Although Gall's organology with such queer faculties as philoprogenitiveness, adhesiveness and amativeness was predestined to be ephemeral, his basic idea that psychic function and brain structure are closely related was sound. So was his reasoning and the many clinical observations he collected in support. From psychiatry for instance the phenomena of dreaming, somnambulism, hallucinatory states, the partial insanities or monomanias, all seemed to point to independent mental faculties. So did numerous neurological conditions such as the effects of brain disease or injuries, foremost speech disturbances [see George Combe 1836] and developmental anomalies such as the combination of microcephaly with mental defect. That the cerebral organs could be singly diseased in structure or disordered in function was the phrenological explanation of mental illness discussed by Andrew Combe (1831). In principle Gall endeavoured to build psychology on neurophysiology and psychiatry on brain pathology – a conception which does not seem old fashioned at the present time which is perhaps more 'phrenological' than it realises.

In practice phrenology provided the first psychological framework within which mad-doctors struggling unguided with their patients could understand insane behaviour and so gave a powerful fillip to the psychological approach. For the first time it became meaningful to get to know patients as persons if only to be able to interpret bumps on their heads, and after a phrenological diagnosis to prescribe and follow the progress of the moral treatment adopted according to the psychological characteristics of the case. In all this the bumps themselves paradoxically were the frills, not the essence. With the practical help it offered it is not surprising that most psychiatrists came to use phrenology even if they did not accept the doctrine in its entirety, much as many today accept Freudian ideas and use Freudian terms without embracing all the tenets of psychoanalysis.

In two related fields the application of Gall's ideas were of great importance. In education he showed it was useless to attempt to teach all alike because individuals differed by innate endowments which had to be assessed individually and methods and subjects adapted to them. In criminology he advocated reform by re-education rather than punishment and suggested at a time when the criminal

was thought to be made and not born, that there were degrees of responsibility proportionate to innate propensities which could also be determined by craniological examination. In this he anticipated much of Lombroso's work at the end of the century as well as the concept of irresistible impulse and diminished responsibility.

Some accounts of Gall and Spurzheim's work had been published by pupils before they themselves in 1810 issued the first of their four volume *Anatomie et physiologie du système nerveux en général, et du cerveau en particulier, avec des observations sur la possibilité de reconnaître plusieurs dispositions intellectuelles et morales de l'homme et des animaux par la configuration de leurs têtes* (Paris 1810–19, with atlas; only the first two under joint authorship). A second edition in six volumes appeared as *Sur les fonctions du cerveau et sur celles de chacune de ses parties* (Paris, 1822–5).

In England the first publication was *Some account of Dr. Gall's new theory of physiognomy*, 1807 in which the anonymous editor correctly saw that Gall's thesis opened an entirely 'new field for experiment and observation'. This was followed by a translation in the *Edinburgh Medical and Surgical Journal* 1809 of the Report of a Commission headed by Cuvier and including Pinel which investigated Gall's discoveries. In 1815 there appeared *Sketch of the new anatomy and physiology of the brain and nervous system . . . with observations on its tendency*

OBSERVATIONS

ON THE

DERANGED MANIEESTATIONS

OF

THE MIND,

OR

INSANITY.

BY

J. G. SPURZHEIM, M. D.

LICENTIATE OF THE COLLEGE OF PHYSICIANS OF LONDON, PHYSICIAN TO THE AUSTRIAN EMBASSY, AUTHOR OF THE "PHYSIOGNOMICAL SYSTEM OF DRS. GALL AND SPURZHEIM," ETC.

WITH FOUR COPPER PLATES.

"NOTHING TENDS MORE TO THE CORRUPTION OF SCIENCE THAN TO SUFFER IT TO STAGNATE."

LONDON:

PRINTED FOR BALDWIN, CRADOCK, AND JOY.
47, PATERNOSTER-ROW.

1817.

FIG. 146 Title-page of J. G. Spurzheim's *Observations on . . . insanity*, 1817.

to the improvement of education, of punishment, and of the treatment of insanity by T. I. M. Forster, and Spurzheim's own book quoted here. In 1817 Spurzheim published *Observations on the deranged manifestations of the mind*, in which he elaborated on the application of phrenological principles to the understanding, classification, treatment and prevention of insanity. Thereafter a literally vast and not yet fully charted literature sprang up, to which Spurzheim himself added numerous articles and books.

PHRENOLOGY

On the Influence of the Diseases and Wounds of the Brain upon the Manifestations of the Moral and Intellectual Faculties. In order to prove that the brain is exclusively the organ of the mind, I have said that its functions are more or less disturbed by the diseases and wounds of the brain . . . In the writings of Morgagni, Haller and others, a great number of slight injuries of the brain are quoted, by which the faculties of the mind were disturbed . . . Several authors have even maintained that every injury of the brain produces necessarily some derangement of the functions of the mind.

On the other hand, there is a great number of observations according to which the most considerable injuries of the brain have not done any harm to the manifestations of the soul. A person was wounded in the head by a shot, and the ball remained in the brain . . . However this man lived for several years after the accident without manifesting the least derangement of the intellectual faculties . . . A stag drove its horn into the head of a hunter through the orbit, so that the end of the horn came out at the top of the hunter's head. Notwithstanding this accident the hunter walked home two leagues on foot. A great number of similar examples have been noted, partly as extraordinary observations, partly in order to prove that the brain is not the organ of the mind, and that the functions of the intellectual faculties are independent of the organization. There are still many more examples of derangement in the intellectual faculties, while not the least defect could be discovered in the brain. And in many cases of mental alienation, instead of finding out any cause in the brain, an evidently diseased state has been observed in quite different parts, as in the liver, bowels &c. . . .

In order to rectify these facts, opposite in appearance, we must consider two questions: Was it possible before now to judge exactly of diseases and wounds of the brain in respect to their nature? And was it possible before now to judge perfectly of the effects produced in the manifestations of the intellectual faculties by such diseases and wounds? It is evident that it was impossible to make exact anatomical observations upon an organization which was not only unknown, but in respect to which there were notions quite erroneous, nay entirely opposite to its real structure; and it is beyond doubt that hitherto this was the case with the internal structure of the brain . . .

Hence it is necessary to inquire what changes can take place in the

cerebral mass in general, or in any of its particular parts. And it is also necessary to consider whether a derangement may happen which cannot be observed by the five external senses? If anybody die by being struck by a thunderbolt, or in consequence of the gout in the stomach, or of hydrophobia, or of tetanus, no derangement is discovered in the nervous system; are we therefore authorised to say that the nervous system has not suffered any change? . . .

We are of opinion that all the derangements of the manifestations of the mind result immediately from any change in the brain . . . It is also true that very considerable injuries of the brain produce sometimes very slight perturbations in the manifestations of the mind; and that very slight injuries of the brain are accompanied often with the most violent accidents. But this also happens in other parts of the body . . . It remains to mention certain observations, where half the brain was completely destroyed by suppuration, while the manifestations of the intellectual faculties remained . . . In this objection, and generally in injuries of the brain, the duplicity of the nervous system has been forgotten. One half of the brain may be destroyed, and the other half continue to exert the manifestations of the mind . . . as long as the respective organ is not utterly destroyed on both sides.

Let us examine whether it was hitherto possible to judge exactly of the derangement of the manifestations of the mind . . . All the reports relative to the wounds of the head, to the injuries of the brain, and preservation of the manifestation of the mind, are confined to the following expressions: – The patient continued to walk, to eat and drink; he had his consciousness entire, *viz.* he knew all around him; he manifested some memory and judgment; consequently he possessed all the faculties of the mind, and nothing was disturbed. But if a person of a meek and peacable character, after being wounded on the brain by a stone, become quarrelsome and morose; if another, whose actions were irreproachable, after being wounded on the head feel an irresistible inclination to steal; it is evident that these persons have preserved consciousness, memory, judgment and imagination; but can we infer that the injuries of the brain have not produced any derangement of the manifestations of the mind? Moreover, animals have consciousness, memory and judgment; are they therefore men? If a man by any disease be brought down to the faculties of a dog, and preserve the functions of the five external senses, memory and judgment, would he therefore have lost no characteristic faculty of human nature? . . . Finally, if persons by a commotion of the brain, or by a fit of apoplexy, lose the memory of proper names, or of a language, and if they preserve the functions of the five senses, memory and judgment, have they lost nothing at all? Thus it is evident that now the manifestations of this, and then of that faculty of the mind may be deranged or destroyed, though the patient preserves the faculties which are said to constitute the whole intellectual being. It follows also that it has hitherto been impossible to

judge exactly of the effects of diseases and injuries of the brain, because all physiologists considered only the general attributes of the understanding, and were quite ignorant in respect to the special faculties. Hence, inquiries into the injuries of the brain, in respect to mental alienation, must be made with more exactness than it has hitherto been possible to make them.

On the Plurality of the Cerebral Organs. As it is demonstrated that the brain is exclusively the organ of the manifestations of the mind, it is to be investigated whether the whole brain must be considered as one single organ, or whether it is composed of as many particular and independent organs as there are particular and independent manifestations of the mind. On this subject there are the most ridiculous, absurd, and contradictory opinions in philosophical writings. Those who admitted the simplicity of the soul, inferred from it that its organ must be single; others, who examined the particular faculties of the soul, maintained that the manifestations of every special faculty must be attributed to a particular organ.

As soon as philosophers began to think of the beings of nature, it was necessary to make divisions. Moses speaks of a division into brutes which live and feel, and into those which reason. The Greek philosophers called, with Thales, *soul* the cause of every phenomenon . . . Consequently soul, or *anima*, was all that which gave life and sensation . . . the intellectual part which reasons, was called *mens* . . . The subdivisions of understanding into perception, memory, judgment, and imagination; and the subdivisions of will into inclination, desire, affections, and passions, are generally known . . . others admit several kinds of memory, as a local, a verbal memory, a memory of facts, and another of time . . . As the principles, or the faculties, were divided and subdivided, so different seats were assigned to them. The reasonable soul was commonly placed in the head, the unreasonable in the viscera of the abdomen. The ventricles of the brain have been considered at all times as of principle importance . . . Willis considered the corpora striata as the seat of sensation and attention, the medullary mass as the seat of memory: he placed reflection in the corpus callosum, and derived the moving spirits from the cerebellum . . . Boerhaave said that imagination and judgment ought to be attached to different seats, because the former is active in sleeping and dreaming, the latter in watching. Haller and Van Swieten fancied that the internal senses occupy different places of the brain; but they considered the organization of the brain as too complicated, too intricate, and too difficult to permit us to hope to point out the seat of memory, of judgment, or that of imagination . . . Soemmering speaks . . . of different provinces of the brain.

Thus it follows from all these quotations, which might be extremely multiplied, that the idea of the plurality of the seats or organs is very ancient, and that those who maintain that Gall first invented it are mistaken. It is only to be determined which are the faculties, and which are the respective organs?

On our Method of pointing out the Functions of the Brain. After having considered the principles of the physiology of the brain, that is, after having demonstrated that all faculties of the mind are innate; that their manifestations depend on the brain; and that the manifestations of every faculty depend on some particular part of the brain: finally, after having examined the means which have been employed in order to determine the functions of the different cerebral parts, and after having proved that the functions must be determined according to the development of the respective organs, I shall now develop our peculiar mode of examining the functions of the brain. In treating of the plurality of the organs, we have seen that a great number of philosophers, physicians, and ancient and modern physiologists, have divided the functions of animal life; and that they have attributed different faculties to different parts of the body; but before Gall, no special organ of the faculties of the mind has been discovered . . . At the beginning he compared the form and size of the whole head only with the general faculties of the understanding, without thinking that the moral sentiments reside also in the brain. He looked for particular organs of memory, judgment, and imagination [the three ancient divisions of the mind]. Not succeeding in this way, he left all the notions of philosophy, and compared . . . individuals who excelled in any one kind of functions, and examined the whole form of their heads . . . However, he met with exceptions . . . Considering his first observations, where he distinguished a good memory by the development of some particular part of the brain, *viz.* by prominent eyes, he then looked only for particular organs, in comparing them with the natural vocations of different persons: that is, when he was acquainted with any individual who manifested any function in a high degree; if, for instance, he observed any mechanician, musician, sculptor, draughtsman, mathematician, endowed with such or such faculty from birth, he examined their heads to try whether he might point out a particular development of some cerebral part. In this way, he found in a short time, in musicians and mechanics, the development of particular cerebral parts. He indeed observed that the respective organ is always much developed, if the same great talents are innate, while the rest of the head presents quite different shapes in the same individuals. At the beginning, he confined his observations to men of partial genius . . . It is also important to observe the characters of uncultivated people, who are least capable of dissimulation. Being physician to the Establishment for the Deaf and Dumb at Vienna, Gall was well circumstanced for this purpose; he could observe the natural state of their manifestations, and their different degrees of susceptibility of education. To this end he also called together in his house common people, as coachmen and poor boys, and excited them to make him acquainted with their characters.

Gall investigated particular organs according to the principal actions of men, and he named the organs according to these actions. He observed, for instance, individuals who are born mathematicians . . . poets &c., and

if he found that some part of their brain was always more developed than the rest, he called these cerebral parts, organ of mathematics, of music, of philology, of metaphysics, of poetry &c. In the same way he observed individuals who from birth were stubborn, proud, courageous, thieves, murderers, religious &c., and if he found that the size of some cerebral part was corresponding to these actions, he called these parts of the brain, organ of pride, of firmness, of courage, of theft, of murder, of religion . . . He was also bold enough to speak to every person in whose head he observed any distinct protruberance. In our travels, we have been able to obtain much information; to observe a great number of distinguished persons, and to compare their organization; in one word, to collect innumerable facts in our visits to establishments for education, in hospitals for idiots and madmen; in the houses of correction, in prisons, and in our intercourse with different nations and with all classes of society.

On the diseased State of the Brain, and on the Derangements of the Manifestations of the Mind. It may now be conceived why we cannot accede to the common division of mental diseases. This is founded upon a division of the faculties of the mind. But I have shown that, till the present time, the particular faculties of the mind were not known; and hence it was impossible to make a true division of their derangements. If my division of the faculties be true, the derangements of the mind will be divided in the same manner. There will be derangements of propensities, of sentiments, and of intellectual faculties. All derangements will be considered as the result of the disturbed organs immediately or mediately. Every reasonable mode of treatment then must be determined according to the cause; and if this cannot be pointed out, the whole curative proceeding will be vague and merely experimental.

THOMAS IGNATIUS MARIA FORSTER

PERIODICITY OF INSANITY, 1817

OBSERVATIONS

ON

THE PHENOMENA OF

INSANITY.

BEING A

SUPPLEMENT

TO

OBSERVATIONS

ON THE

CASUAL AND PERIODICAL INFLUENCE

OF

PECULIAR STATES OF THE ATMOSPHERE

ON

HUMAN HEALTH AND DISEASE.

BY THOMAS FORSTER, F.L.S.

Corresp. Mem. Acad. Nat. Sciences Philadelphia, &c. &c. &c.

LONDON:

PRINTED FOR THOMAS AND GEORGE UNDERWOOD, 32, FLEET STREET; BALDWIN, CRADOCK, AND JOY, PATERNOSTER ROW; AND TREUTTEL AND WÜRTZ, AT PARIS AND STRASBOURG.

1817.

FIG. 147 Title-page of *Observations on . . . insanity*, 1817 by T. I. M. Forster.

This book was a supplement to *Observations on the casual and periodical influence of particular states of the atmosphere on human health and diseases, particularly insanity*, 1817 by Thomas Ignatius Maria Forster (1789-1860), MB Cantab., an eccentric many sided genius who declined the fellowship of the Royal Society. In it he discussed 'the Periods observed by many diseases of the Brain' and 'derangements of the mind' which had first been pointed out to him by his friend J. G. Spurzheim. Forster like Mesmer attributed the 'periodicity of diseases' to 'peculiar states of the atmosphere . . . which have a particular influence on human health and disease, as well as on other natural phenomena'. However misguided his theoretical basis it nevertheless allowed him to draw attention to three observations which had been little regarded: first, that symptoms of insanity may show 'diurnal periodicity, or variation, a point which has gained exaggerated importance at the present time in distinguishing varieties of depression; second, that in the given case there is 'a certain term, or course, which insanity, like other diseases, often runs through, and which should be accurately studied . . . the long period or span of the disease' which, correlated with symptomatology forms the basis of much of present day classification; and third, that in some cases insanity may 'recur at nearly the same time of year for several succeeding years' and regarded as important by him for preventing relapse and even suicide. But Forster has lasting claim to fame for introducing the name 'phrenology' for the 'physiognomical system of Drs. Gall and Spurzheim' in an article in *The Pamphleteer* and in *Sketch of the new anatomy and physiology of the brain and nervous system of Drs. Gall and Spurzheim*, 1815.

JOHN REID (1776–1822)

MD Edin., LRCP, physician to the Finsbury Dispensary, London

Essays on insanity, hypochondriasis, and other nervous affections, 1816 *London, Longman* et al. (pp. iv+272) pp. 58-60, 199-206

A third edition 1823 (a second issue 1816 and subsequent editions entitled *Essays on hypochondriacal and other nervous affections*)

DISPUTATIO MEDICA
INAUGURALIS,
DE
INSANIA;

QUAM,
ANNUENTE SUMMO NUMINE,
Ex Auctoritate Reverendi admodum Viri,
D. GEORGII BAIRD, SS.T.P.
ACADEMIÆ EDINBURGENÆ PRÆFECTI;
NECNON
Ampliſſimi SENATUS ACADEMICI Conſenſu, et
Nobiliſſimæ FACULTATIS MEDICÆ Decreto;
PRO
GRADU DOCTORIS,
SUMMISQUE IN MEDICINA HONORIBUS AC PRIVILEGIIS
RITE ET LEGITIME CONSEQUENDIS;
Eruditorum examini ſubjicit
JOANNES REID,
ANGLUS:

SOCIET. MED. EDIN. SOC. EXTRAORD.
ET OLIM PRÆSES:
NECNON
SOCIET. NAT. STUD. EDIN.
PRÆSES ANNUUS.

Ad diem 12. Septembris, horâ locoque ſolitis.

EDINBURGI:
EXCUDEBANT ADAMUS NEILL ET SOCII.
M DCC XCVIII.

FIG. 148 Title-page of John Reid's inaugural thesis *De insania*, 1798.

The nucleus of this book was Reid's inaugural dissertation *De insania*, 1798 [see FIG. 148] which he expanded into a series of essays for the periodical press and brought together again 'without much alteration' much as many modern books are assembled. He was a keen observer with a facility for easy presentation of psychiatric matter, for instance 'To command or advise a person labouring under nervous depression, to be cheerful and alert, is . . . idle and absurd . . . The practice of laughing at, or scolding a patient of this class, is equally cruel and ineffectual . . . No one was ever laughed or scolded out of hypochondriasis . . . It is scarcely likely that we should elevate a person's spirits by insulting his understanding'. Again 'An undue fear of death is one of the most ordinary symptoms of hypochondriasis, and not the least frequent perhaps amongst the causes which produce it'; and 'Obstinate vigilance is not only one of the most uniform symptoms, but also very generally precedes, and, in a few instances, may even itself provoke an attack of mental derangement'. In an essay entitled 'Real evils a remedy for those of the imagination' Reid observed that adverse fortunes which are generally reckoned causes of mental derangement may paradoxically improve the already mentally ill, an observation confirmed also at times of national crises such as wars: 'Hypochondriasis may often thank calamity for its cure . . . Distress, when it is profound, becomes the parent of equanimity'.

More important both in his and at the present time was that Reid distinguished the intrinsic manifestations of mental illness from the picture of chronic insanity under asylum conditions. Keenly alive to the harmful influences of institutional life and its 'insulation' he showed how asylums often become 'nurseries for and manufactories of madness' rather than hospitals for recovery and cure. For this he saw three reasons: 'the communicative nature of mental derangement' itself, the 'coarse and humiliating treatment' often meted out to patients, and their despotic regimentation. While some like the enlightened superintendent Hallaran were also alive to this danger and combated it by occupying patients usefully and diverting them by other means (and even if necessary discharging them uncured), Reid's warning of the 'heavy responsibility' which 'presses upon those who preside or officiate in the asylums of lunacy' was generally neglected for preoccupation with improving the conditions of asylums and providing accommodation for an increasing number of patients. And as asylums grew to hold literally thousands of patients the welfare of the community necessarily replaced the care of the individual of which it was composed and for whom it was established. Only today and under new catchwords like 'institutionalisation' and 'institutional neurosis' is the extent of the harm of prolonged confinement in even the best run asylums to which Reid drew attention more than one hundred and fifty years ago appreciated once more and modern policy adapted accordingly.

ASYLUMS NURSERIES OF MADNESS: INSTITUTIONALISATION

We are not perhaps sufficiently aware that nervous complaints are, through the medium of sympathy, scarcely less infectious than febrile diseases . . . It is principally on account of the barbarous and unphilosophical treatment, but in part likewise it may be owing to the communicative nature of mental indisposition, that the receptacles are too often found to be

the nurseries of insanity, where any, however small an aberration from the ordinary and healthy standard of nervous excitement may, in due time, be matured and expanded into the full size and frightful monstrosity of madness. The reference which has been made to the contagious quality of mental depression, is by no means intended to prevent, or in any degree to discourage an occasional or even an habitual association with the afflicted, when we are able, by our society and sympathy to comfort or relieve them . . . There is an *antiseptic* power in an active benevolence which counteracts the putrescency of melancholy . . .

One thing at least is certain, that in the management of such maladies, tenderness is better than torture, kindness more effectual than constraint. Blows, and the straight-waistcoat, are often, it is to be feared, too hastily employed. It takes less trouble to fetter by means of cords, than by the assiduities of sympathy or affection. Nothing has a more favourable and controuling influence over one who is disposed to or actually affected with melancholy or mania, than an exhibition of friendship or philanthropy; excepting indeed in such cases, and in that state of the disease, in which the mind has been hardened and almost brutalized, by having already been the subject of coarse and humiliating treatment . . . Hence, it will not appear surprising, that as soon as an unfortunate victim has been enclosed within the awful barriers of either the public, or the minor and more clandestine Bethlems, the destiny of his reason should, in a large proportion of cases, be irretrievably fixed. The idea that he is supposed to be insane, is almost of itself sufficient to make him so, and when such a mode of management is used with men, as ought to not be, although it too generally is, applied even to brutes, can we wonder if it should often, in a person of more than ordinary irritability, produce, or at any rate accelerate the last and incurable form of that disease, to which at first perhaps there was only a delusive semblance or merely an incipient approximation? . . . In order to obtain a salutary influence over the wanderings of a maniac, we must first secure his confidence. This cannot be done, without behaving towards him with a delicacy due to his unfortunate state, which for the most part ought to be regarded not as an abolition, but as a suspension merely of the rational faculties . . . There is ground to apprehend that fugitive folly is too often converted into a fixed and settled frenzy; a transient guest into an irremovable tenant of the mind; an occasional and accidental aberration of intellect, into a confirmed and inveterate habit of dereliction; by a premature and too precipitate adoption of measures and methods of management, which sometimes, indeed, are necessary, but which are so only in cases of extreme and ultimate desperation.

A heavy responsibility presses upon those who preside or officiate in the asylums of lunacy. Little is it known how much injustice is committed, and how much useless and wantonly inflicted misery is endured in those infirmaries for disordered, or rather cemeteries for deceased intellect. Instead of trampling upon, we ought to cherish, and by the most delicate

and anxious care, strive to nurse into a clearer and a brighter flame the still glimmering embers of a nearly extinguished mind. It is by no means the object of these remarks to depreciate the value of institutions which, under a judicious and merciful superintendance, might be made essentially conducive to the protection of lunatics themselves, as well as to that of others, who would else be continually exposed to their violence and caprice. But it is to be feared, that many have been condemned to a state of insulation from all rational and sympathising intercourse, before the necessity has occurred for so severe a lot. Diseased members have been amputated from the trunk of society, before they have become so incurable or unsound as absolutely to require separation. Many of the depots for the captivity of intellectual invalids may be regarded only as nurseries for and manufactories of madness; magazines or reservoirs of lunacy, from which is issued, from time to time, a sufficient supply for perpetuating and extending this formidable disease, – a disease which is not to be remedied by stripes or strait-waistcoats, by imprisonment or impoverishment, but by an unwearied tenderness, and by an unceasing and anxious superintendance.

JEREMY BENTHAM (1748–1832)

MA Oxon, member of Lincoln's Inn; philosopher and jurist, law and prison reformer

A table of the springs of action: shewing the several species of pleasures and pains, of which man's nature is susceptible: together with the several species of interests, desires, and motives, respectively corresponding to them, 1817 *London, Hunter* pp. 1, 3-5, 13-14, 24, 29, 32

Bentham's 'panopticon plan' for improving asylum architecture – a by-product of his interest in prison reform – has already been mentioned [see Aikin 1770 and Stark 1807]. As part of his later studies of man in society he produced a detailed 'Table of the Springs of Action' in which he attempted to enumerate all possible motives underlying human conduct. To it he appended a thirty-two page pamphlet of explanatory notes and from these the extracts are taken. According to his 'utilitarian' philosophy all conduct was based on the old Epicurean philosophy and which Freud called the pleasure-pain principle, that is desire in pursuit of pleasure and aversion in avoidance of pain. All motives were in the last analysis selfish: 'no human act ever has been or ever can be *disinterested*. For there exists not . . . any motive, which has not for its accompaniment a corresponding *interest*, real or imagined'. Bentham held that all behaviour was motivated by the person's revealed or hidden 'psychological *dynamics*' based on 'psychological *pathology*' – both concepts as well as terms of Bentham's own coining which he here introduced. This psychological determinism and the assumption that all conduct is motivated and wish-fulfilling became the basis of psychoanalysis. Bentham appreciated that many of our actual 'desires and motives' are unacceptable to ourselves and 'considered as the *unseemly parts of the human mind*' so that they have to be disguised by being 'ascribed to another . . . motive' by a 'sort of *fig-leaves*'. To this mechanism by which unacceptable motives are given conscious respectability psychoanalysis gave the more sophisticated name rationalisation.

PSYCHOLOGICAL DYNAMICS AND PATHOLOGY

Springs of action. Under this denomination, those objects and considerations alone are included in this Table, which, in their operation on the will, act as it were in the way of immediate contact. Concerning those which act on the will no otherwise than through the understanding, see Note (m) on the word *Motives*.

The words here employed as leading terms, are names of so many psychological entities, mostly fictitious, framed by necessity for the pur-

pose of discourse. Add, and even of thought: for, without corresponding words to clothe them in, ideas could no more be fixed, or so much as fashioned, than communicated.

By habit, wherever a man sees a name, he is led to figure to himself a corresponding object, of the reality of which the name is accepted by him, as it were of course, in the character of a certificate. From this delusion, endless is the confusion, the error, the dissension, the hostility, that has been derived.

Of all these groupes or classes of intimately connected psychological entities, to motives alone is the appellation *Springs of action* immediately applicable: to the others, no otherwise than in virtue of the relation they respectively bear to *Motives*.

Psychological *dynamics* (by this name may be called the science, which has for its subject these same springs of action, considered as such) has for its basis psychological *pathology*. Pleasure and exemption from pain fall to be considered every where in the character of ends: pleasure and pain here in the character of means . . .

As a spring of action, a *pleasure* cannot operate, but in so far as, in the particular direction in question, action is regarded as a means of obtaining it; a *pain*, in so far as action is regarded as a means of avoiding it . . .

Thus, it is no otherwise than through the medium of the *imagination*, that any pleasure, or any pain, is capable of operating in the character of a motive. It is only through the medium of these derivative representations that the past original can, in any shape, or in any part, be brought to view.

Note, that in the way of imagination, from original pleasures may be derived not pleasures only but likewise pains. Pain, for example, is a natural accompaniment of the recollected idea of the past pleasure, when the expectation is that it will not be – as pleasure is, when the expectation is that it will be – again realized. And so in the case of pains.

Pleasures and Pains the basis of all the other entities. True it is, that, when the question is – what, in the case in question, are the springs of action, by which, on the occasion in question, the mind in question has been operated upon, or to the operation of which it has been exposed, – the species of *psychological entity*, to be looked out for in the first place, is the *motive*. But, of the sort of motive, which has thus been in operation, no clear idea can be entertained, otherwise than by reference to the sort of pleasure or pain, which such motive has for its basis: viz. the pleasure or pain, the idea, and eventual expectation, of which, is considered as having been operating in the character of a motive . . . This being understood, the corresponding *interest* is at the same time understood: and, if it be to the pleasurable class that the operating cause in question belongs, then so it is that, in its way to become a motive, the interest has become productive of a *desire*: if to the painful class, of a correspondent *aversion* . . .

Of all motives, actual or imaginable, the very best, if goodness were to

be measured by necessity to human existence, would be the motives that correspond respectively to the desires of *food* and *drink*, and to *sexual desire*. Yet, to any such desire as that of eating or drinking, by those by whom so much is said of good motives, and so much stress is laid upon the degree of goodness of a man's motives, admittance would scarcely have been given into their list of good motives: and as to sexual desire, taken by itself, so bad a thing is it commonly deemed in the character of a motive, or even in the character of a desire, that all the force which it is in the power of human exertion to muster has, to a great extent, been employed in the endeavour to extinguish it altogether.

Substitution of motives. Acts produced by one motive, commonly ascribed to another. Causes of this misrepresentation. The sort of motives, to the influence of which a man would in general be best pleased that his breast should be regarded as most sensible, – this, for the present purpose, may serve for the explanation of what is meant by good motives: the reverse may serve for bad motives. In his dealings with other men, it is seldom, however, that a man is not exposed to the *conjunct* action of motives, more than one. In so far as this sort of concurrence is observable, the sort of motive to which a man's conduct will be apt to be ascribed in preference, will vary with the relative position of him to whom, on the occasion in question, it happens to speak or think of it. The best motive, that will be recognised as capable of producing the effect in question, is the motive, to which the man himself, – and, in proportion as their dispositions towards him are amicable, other men in general, – will be disposed to ascribe his conduct, and accordingly to exhibit it in the character of the sole efficient cause, or at the least as the most operative among the efficient causes, by which such his conduct was produced . . .

Of these six species of *desires* and *motives* [desires corresponding to the pleasures of the palate, Sexual desire, Desire of the matter of wealth, Love of power, Desire of amity, Antipathy], by the operation of which so large a portion of the business of human life is carried on, it is not very often that any one will, either by the man himself, or even by any other person, in so far as such other person speaks in the character of his friend, be recognised in quality of so much as a *cooperating cause*, much less as the *sole cause*, of the effect which, by the conjunct, or perhaps sole operation of it, has been produced. These desires and motives may accordingly be considered as the *unseemly parts of the human mind*. Of the sort of fig-leaves, commonly employed for the covering of them, specimens have now been given, as above.

CATHARINE CAPPE *née* HARRISON (1743–1821)

Philanthropist

On the desireableness and utility of ladies visiting the female wards of hospitals and lunatic asylums, 1817 *York, Wilson* (pp. 15) pp. 8-9, 11, 13-4

Second wife of Newcombe Cappe (1733–1800) dissenting minister of York, Catharine Cappe came early in the line of nineteenth century ladies whose humanitarian feelings led them to initiate social work and improvements in many spheres. Benjamin Rush [*q.v.*] called her 'one of my most estimable correspondents'. Perhaps her interest was directed to the insane by her stepson Dr Robert Cappe who followed Thomas Fowler as physician to the York Retreat where female visitors had been encouraged from the beginning, as William Tuke told the Parliamentary Committee in May 1815: 'they are generally three or four in number, one goes out every month, and another is appointed . . . The duty of the visitors is to see all the patients, and to make their observations respecting the state of the house monthly'. Mrs Cappe interested herself also in the welfare of patients in York County Hospital but particularly in the insane in the York Asylum. There she organised the first body of lady visitors to bring to the inmates 'the softened voice of tender sympathy'. She hoped their very presence and example in the wards would improve the standard of nursing care at a time when nurses were 'taken from the lowest classes of society', while the book in which the ladies' committee noted 'abuses' was from time to time brought to the attention of 'the gentlemen's committee'. In these ways they exerted their feminine influence towards humanising the atmosphere of the asylum.

LADY VISITORS

May there not be a variety of minute circumstances which may occasion great distress, and may retard, if not wholly prevent, recovery, but which can be communicated only to a female ear? Would it not be an unspeakable comfort to be assured, that every species of unfeeling licentiousness would be repressed, and that if they demeaned themselves with modesty and propriety they might depend upon being countenanced by those friends of suffering humanity whilst they remained in the hospital, and occasionally perhaps, in cases of extreme distress, even beyond that period? Even the nurses, such of them at least as were solicitous in their duty, would be gainers by having their conduct observed and approved; and in respect to them it is the more necessary and important that they

ON THE

DESIREABLENESS AND UTILITY

OF

LADIES VISITING

THE

FEMALE WARDS of HOSPITALS

AND

LUNATIC ASYLUMS.

BY CATHARINE CAPPE.

(First Printed in No. XVI of the PAMPHLETEER, Nov. 1816.)

York:

Printed by Thomas Wilson and Sons, High-Ousegate.

1817.

FIG. 149 Title-page of Catharine Cappe's *Ladies visiting the female wards of hospitals and lunatic asylums*, 1817 (*British Museum*).

should be superintended, as they are usually taken from the lowest classes of society, and as it is the unavoidable tendency of the habitual sight of human suffering to harden the heart against the feelings of compassion, especially if fatigued by long laborious attendance and want of rest. How soothing to an afflicted sufferer in such circumstances, to hear from a humane visitor the softened voice of tender sympathy! Nor are these considerations, not even the last, by any means inapplicable to persons laboring under the greatest of all human affliction, that of insanity, for even these have their lucid intervals, and it often happens that the desire of obtaining esteem is never wholly obliterated even during their wildest paroxysms, and is productive of the most salutary effects to resist 'the strong irregular tendencies of their disease'. How salutary then the sympathy expressed by the countenance and manner of a humane visitor . . .

It may not be deemed wholly irrelevant to add, that the practice above recommended was adopted in the York County Hospital in the year 1814, and in the Lunatic Asylum in 1815, and has been attended in both institutions by very beneficial results . . .

The ladies who visit in these respective institutions are appointed by the Governors at a quarterly meeting, for the ensuing three months. They have a book, in which they note down any abuses they may have observed, to be shown from time to time to the gentlemen's committee. Their observations, in the Lunatic Asylum, extend to the apparel and cleanliness of the female patients as well as to their humane treatment and the decorous demeanour of the nurses and keepers. The unhappy sufferers generally express the greatest pleasure in being thus visited, and the strong compassion excited by seeing the human intellect thus laid low, gives an interest which generally absorbs every other feeling.

In the Asylum, any lady of respectability known to the Governors, and who is willing to become a visitor, may be appointed without being expected to subscribe to the institution – a very equitable and wise regulation, for are there not many persons . . . who could spare a portion of their time, and whose services would be invaluable, but to whom an annual contribution would be an insurmountable difficulty?

JEAN ETIENNE DOMINIQUE ESQUIROL (1772–1840)

MD Paris, physician to the Salpêtrière, 1811; chief physician to the Royal Asylum, Charenton, 1825; Inspector-General of the Faculties of Medicine

Hallucinations, 1817 In: *Mental maladies. A treatise on insanity. By E. Esquirol . . . Translated from the French, with additions, by E. K. Hunt*, 1845 *Philadelphia, Lee & Blanchard* pp. 93, 105-7

Illusions, 1832 In: *ibid.* pp. 111-5

Lypemania or melancholy, 1820 In: *ibid.* pp. 199-203

In 1838 Esquirol, Pinel's favourite and illustrious pupil, collected his articles and papers which had appeared in Panckoucke's *Dictionaire des sciences médicales*, 1812–1822 and in 'other medical works', some of which had also been separately published, and reissued them 'subjected to various modifications, and drawn out into more detail' under the title *Des maladies mentales considerées sous les rapports médical, hygiénique et médico-légal*, 1838 (Paris, 2 vols. with atlas of plates). 'I trust that the result of all my labors, which I have reviewed with the greatest care, and now publish for the first time' he wrote in the preface, 'may contribute to overcome prejudices, to dissipate errors, to throw light upon obscure points connected with mental diseases, and to make known truths, of useful application in the treatment and regimen, of that unfortunate class, to whom I have devoted my life'. They were the fruits of 'forty years' study and observation' of patients 'at the Salpêtrière, at the Hospital at Charenton, and in . . . private practice' and presented the first survey of the whole field of psychiatry in the spirit of unprejudiced observation and detailed description based on an unprecedented number of patients. Two of the papers were translated into English the year after their appearance by William Liddell, MRCS, a London practitioner, as *Observations on the illusions of the insane, and on the medico-legal question of their confinement*, 1833. But it was left for E. K. Hunt, MD, of Hartford, Connecticut, to publish in 1845 a translation of the whole work with the exception of the sections on 'the statistics and hygiene of establishments for the insane, together with the medico-legal relations of the subject'.

The extracts given here are placed under 1817, the year of the appearance of the first article on 'Hallucinations', since to have relegated them to 1845, the year of the translation when Esquirol had been dead five years, would have obscured his merit of pioneering scientific psychiatry which is best appreciated in its chronological setting. This is also justified by the fact that his writings

were widely read in original French and frequently quoted (as by Burrows 1828, and Prichard 1835) and that there developed in his lifetime much personal contact and interchange between English and French psychiatrists. Sir Alexander Morison for instance recorded in his diary visits to Esquirol at the Salpêtrière and at his private asylum in 1818 [see FIG. 150] and Esquirol himself visited Bethlem and St Luke's the following year. The year 1817 has the added significance that Esquirol inaugurated the first formal course of clinical instruction in psychiatry in France and perhaps in the world (Battie in England had pioneered clinical instruction though informal in 1753).

Nothing exemplifies better that improvements and liberalisation of the conditions of the insane in asylums with reduction of empirical treatments and frank restraints was the stepping stone to advances in psychiatry, than Esquirol's clinical investigations which were made possible by Pinel's humanitarian reforms. Indeed it is true that psychiatry as it is known today started with the work of these two men: the master prepared the soil and was the inspiration, the pupil tilled it and became in turn the founder of the great French school of psychiatrists and neurologists of the nineteenth century. There was hardly an aspect of the subject which Esquirol did not consider, amplify and clarify: descriptive, classificatory, pathological, hereditary, administrative, medico-legal, statistical; from 'Suicide' to 'Idiocy', from 'Mental alienation of those recently confined' to 'Epilepsy', from 'The French establishments for lunatics and how they may be improved' to 'A memoir on the question whether there has been an increase in the number of the insane'. A list of his pupils reads like the catalogue of a neuro-psychiatric library: Falret, Voisin, Georget, Trélat, Leuret, Calmeil, Moreau, Baillarger to mention only a few household names in the history of nervous diseases.

In the light of the rapid growth of clinical and pathological observation time-honoured theories had outlived their usefulness and Esquirol saw the need to reassess and redefine old terms and create new names for new concepts and distinctions of diseases not made before. So began the road to modern classification of mental illness no longer by armchair theorising or etiological speculation but by what Esquirol's translator Hunt called 'systematic observation' and 'abundant stores of practical knowledge'. Here perhaps Esquirol exerted his widest enduring influence because enlarged and precise terminology was the *sine qua non* of the method of exact clinical observation and description which he introduced into psychiatry.

The abundance of his material made it difficult to convey in extracts a fair picture of how he shaped psychiatry. The choice fell on his definitions of hallucinations - which 'Among a hundred insane persons, eighty at least have' – and illusions, because he gave these terms the sense in which they are used today; and his division of melancholy, the partial insanity of old, into lypemania or affective disorder and monomania – a term of his coining – or partial insanity proper with its varieties of 'intellectual', 'affective' and 'instinctive' which approximate to modern concepts respectively of paranoid psychosis, hypomania, and psychopathy. Esquirol too first made the fundamental distinction between 'dementia' and 'amentia', that is between loss of mental faculties consequent on disease, and 'Idiocy' which 'is not a disease, but a condition in which the intellectual faculties are never manifested; or have never been developed sufficiently to enable the idiot to acquire such an amount of knowledge, as

persons of his own age, and placed in similar circumstances with himself, are capable of receiving'. His very words may still be read in current textbooks: 'A man in a state of dementia is deprived of advantages which he formerly enjoyed; he was a rich man, who has become poor. The idiot, on the contrary, has always been in a state of want and misery'.

HALLUCINATIONS

A person is said to labor under a hallucination, or to be a visionary, who has a thorough conviction of the perception of a sensation, when no external object, suited to excite this sensation, has impressed the senses. Sauvages has given the name of hallucination to those errors which result from a lesion of one of the senses; and when the sensations fail to produce that effect upon the mind, which they were accustomed to do before this lesion took place. Double vision, imperfect sight, ringing in the ears, are ranked by this nosologist in the first order of his division of the insane . . . Sagar denominates hallucinations, false perceptions, which form the first order of the Vesaniæ, of his Nosology. Linnæus places them in the order of diseases of the imagination. Cullen ranks them among local maladies. Darwin, and after him the English physicians, have given the name of hallucination to the partial delirium which affects but a single sense; yet they employ it indifferently, as a synonym with delirium.

This symptom of delirium has been confounded by all authors with local lesions of the senses, with the vicious association of ideas, and in fine, with the influence of the imagination. It has been studied only when it related to ideas, which seemed to belong to the sense of sight; never, when it reproduced those appertaining to other senses. Nevertheless, considered in all its varieties, and to whatever sense it may relate, this symptom is very frequent. It is one of the elements of insanity, and may be met with in all the forms of this malady. The austere writings of every people, the history of magic and sorcery in every age, together with the annals of mental medicine, furnish numerous facts in relation to the subject of hallucinations . . .

From these facts, and from all that we can gather from the annals of the infirmities and diseases of the human mind, we may conclude that there exists a certain form of delirium in which individuals believe that they perceive, sometimes by one sense, sometimes by another, and sometimes by several at once, while no external object is present to excite any sensation whatever . . . In general, these individuals believe that both persons and things are present with them, which can have no real existence, except in their own imaginations; at least, so far as they are concerned. The evidence of the senses, passes for nothing in this form of delirium . . . Such are the hallucinated. The phenomena of hallucination are not like those which result from delirium. In the latter, sensations become modified and changed, so that the perceptions of the patient are no longer what they

were before his illness, nor like those of other men. Notions relative to the qualities and properties of things, and of persons, are imperfectly perceived, and the judgment in respect to them consequently incorrect. The insane man mistakes a windmill for a man; a hole for a precipice; and clouds for a body of cavalry. In the last case the perceptions are incomplete; hence an error . . . In fact, hallucination is a cerebral or mental phenomenon, which is produced independently of the senses. It persists, although delirium may have ceased, and reciprocally. The history of many celebrated men confirms this view, and proves that a man may be subject to hallucinations without delirium . . . The conviction of the hallucinated is so entire and sincere, that they reason, judge and decide with reference to their hallucinations . . . Hence results the most singular language and actions; for hallucinations, like actual sensations, produce among the insane either pleasure or pain, love or hatred. Thus, one rejoices, laughs aloud, and finds himself the happiest of men . . . Another grieves, laments, and is in a state of complete despair.

ILLUSIONS

In hallucinations every thing goes on in the brain . . . In illusions, on the contrary, the sensibility of the nervous extremities is altered: it is exalted, enfeebled, or perverted. The senses are active, and the actual impressions solicit the reaction of the brain. The effects of this reaction being submitted to the influence of the ideas and passions which control the reason of the insane, they deceive themselves in respect both to the nature and cause of their actual sensations. Illusions are not rare in a state of health, but reason dissipates them . . . Hypochondriacs have illusions, which spring from internal sensations. These persons deceive themselves, and have an illusion respecting the intensity of their sufferings, and the danger of losing their life.But they never attribute their misfortunes to causes that are repugnant to reason. They always exercise sound reason, unless lypemania (*melancholy*) is complicated with hypochondria. Then delirium is present; and lypemaniacal hypochondriacs have illusions, and reason incorrectly respecting the nature, causes and symptoms of their malady. Illusions, so frequent among the insane, deceive them respecting the qualities, relations and causes of the impressions actually received, and cause them to form false judgments respecting their internal and external sensations. Reason does not rectify the error . . . Illusions of the senses depend also upon three causes: alteration of the organs of sense, a lesion of the nerves of transmission, or an abnormal condition of the brain . . . The passions, the source of so many illusions among men of sound minds, modifying also the impressions, and giving a wrong direction to the reaction of the brain, are the cause of a thousand illusions among the insane . . . A lady thirty years of age, and of a strong constitution, having become hypochondriacal after severe grief which had occasioned loss of

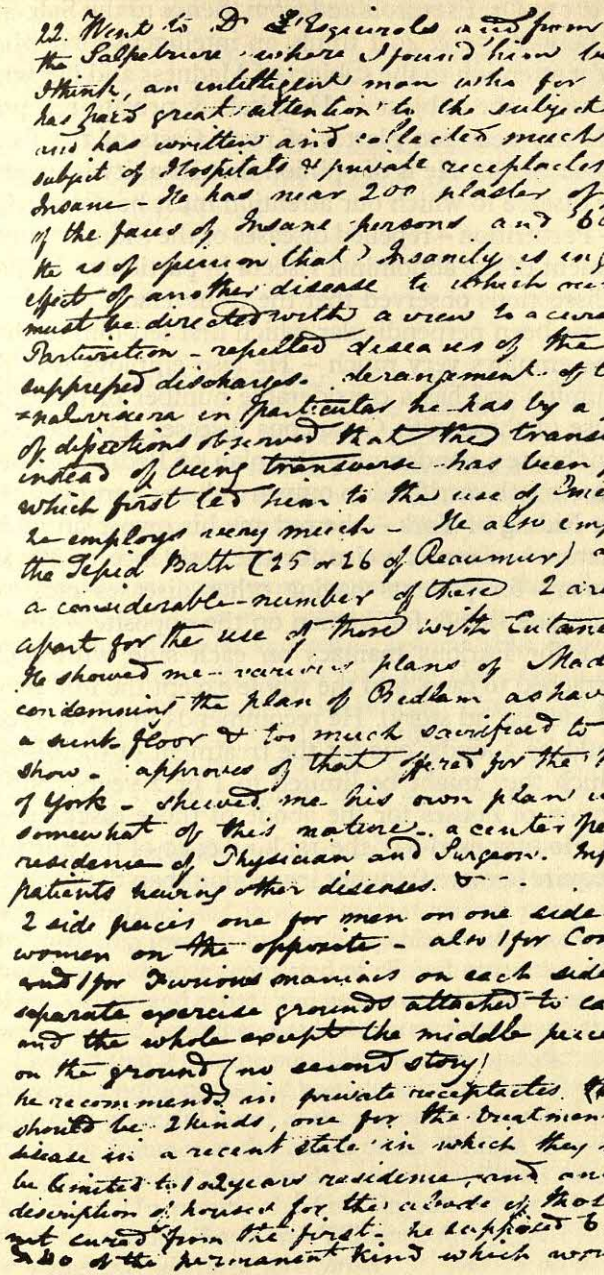
rest, persuaded herself that her brain was petrified. At a later period, having felt the beating of the temporal artery, when lying upon the right side, she concluded that her brain was liquified, and that it was running like a torrent. This illusion was the more remarkable, as she very well knew that such a condition of the brain was impossible. Gastric and intestinal pains, borborygmi, and troubles respecting the alvine evacuations, are also symptoms upon which the insane often found an illusion, forming judgments as false as diverse, respecting the nature and causes of these symptoms. Facts on this point are very numerous, and are found in every author . . . I opened the body of a lypemaniac at the Salpêtrière, who had believed for many years that there was an animal in her stomach. She had a cancer of this organ . . . A woman . . . believes . . . that she has in her belly all the personages named in the New Testament . . . At the post-mortem examination . . . I found . . . the abdominal viscera adhered together, and to the abdominal parietes, by means of the peritoneal membrane, which was much thickened. It was impossible to separate the intestines from each other . . . they formed a solid, inseparable mass . . . Irritations, pains, and lesions of the organs of generation, are, among the insane, and particularly with women, the frequent cause of illusions. They have sometimes induced the insane to mutilate themselves.

MONOMANIA

Writers, since the time of Hippocrates, have denominated that form of delirium which is characterized by moroseness, fear, and prolonged sadness, Melancholy. The appellation, melancholy, has been given to this variety of insanity, according to Galen, because the depressing moral affections depend upon a depraved condition of the bile, which, having become black, obscures the animal spirits and produces delirium. Some moderns have given a more extended signification to the word melancholy, and have called melancholic, every form of *partial* delirium, when chronic, and unattended by fever . . . This double consideration, has caused me to propose the word *monomania* . . . a term which expresses the essential character of that form of insanity, in which the delirium is partial, permanent, gay or sad. This generally received definition is now adopted by the greater number of physicians . . . The word melancholy, employed in the language of common life to express that habitual state of sadness from which some people suffer, should be left exclusively to moralists and poets, who, in their expressions, are not obliged to employ so much precision as physicians . . . Monomania is of all maladies, that which presents to the observer, phenomena the most strange and varied, and which offers, for our consideration, subjects the most numerous and profound. It embraces all the mysterious anomalies of sensibility, all the phenomena of the human understanding, all the consequences of the perversion of our natural inclinations, and all the errors of our passions . . .

It has long been said, that insanity is a disease of civilization; it would have been more correct to have said this respecting monomania. Monomania is indeed frequent in proportion to the advancement of civilization. It borrows its character, and finds again the causes which produce it, in the different periods of society. It is superstitious and erotic in the infancy of society, as it is also, in the countries and regions where civilization and its excesses have made little progress; whilst in an advanced state of society, its cause and character manifest themselves in, and depend upon, pride, scepticism, ambition, the passion for gaming, despair and suicide. There has been no social epoch, which has not been remarkable, in consequence of some indications which monomania furnishes, of the intellectual and moral character of each . . .

But this malady presents itself under two opposite forms. The ancients, who had adduced as characteristics of melancholy, sadness and fear; were obliged to rank among melancholics certain cases of partial delirium, which were maintained by an extreme exaltation of the imagination, or by passions of a gay and sprightly character. Lorry, who has so well described melancholy . . . admits a variety of melancholy complicated with mania, which is indicated by a partial delirium, attended by exaltation of the imagination, or an exciting passion. Rush divides melancholy into two forms; that in which sadness predominates, which he calls *tristimania*; and that in which the opposite emotion prevails, which he denominates, *amenomania*; thus confirming the results of an observation which every one may make. Monomania, characterized by a passion either gay or sad, exciting or depressing, and producing a fixed and permanent delirium, attended also by desires and determinations depending upon the character of the prevailing passion, is naturally divided into monomania properly so called, which is indicated by a partial delirium, and a gay or exciting passion; and into monomania which is signalized by a partial delirium, attended by a sad or depressing passion. The first of these affections corresponds with maniacal melancholy, maniacal fury, or with melancholy complicated with mania; in fine, with *amenomania*. I give to it the name of monomania, and shall speak of it hereafter. The second corresponds with melancholy of the ancients, the *tristimania* of Rush, and the melancholy with delirium, of Pinel. Notwithstanding the fear of being accused of neologism, I give it the name of *lypemania* . . . a cerebral malady, characterized by partial, chronic delirium, without fever, and sustained by a passion of a sad, debilitating or oppressive character. Lypemania should not be confounded with mania, of which the delirium is general, with exaltation of the sensibility and intellectual faculties; nor with monomania, whose characteristic is, exclusiveness of ideas, with a gay and expansive passion. It should not also, be confounded with dementia, in which incoherence and confusion of ideas are the effect of weakness; nor with idiocy, for the idiot can never reason.



22. Went to Dr Esquirols a mile from the one to the Salpetriere where I found him between 30 & 40 I think, an intelligent man who for 10 years has paid great attention to the subject of Madness and has written and collected much upon the subject of Hospitals & private receptacles for the Insane - He has near 200 plaster of paris Casts of the faces of Insane persons and 600 Skulls the use of Opium (that) Insanity is in general the effects of another disease to which our attention must be directed with a view to a cure, and + Parturition - repelled diseases of the Skin (Scabies) suppressed discharges. derangement of the abdominal viscera in particular he has by a great number of dissections observed that the transverse Colon instead of being transverse has been perpendicular which first led him to the use of Enemies which he employs very much - He also employs the Tepid Bath (25 or 26 of Reaumur) and has a considerable number of these 2 are kept apart for the use of those with Cutaneous diseases He showed me various plans of Madhouses condemning the plan of Bedlam as having part a sunk floor & too much sacrificed to outward show - approves of that agreed for the West Riding of York - shewed me his own plan which is somewhat of this nature - a center piece for the residence of Physician and Surgeon. Infirmary for patients having other diseases &c -
2 side pieces one for men on one side & for women on the opposite - also 1 for Convalescents and 1 for Furious maniacs on each side with separate exercise grounds attached to each.
and the whole except the middle piece to be on the ground (no second story)
he recommends as private receptacles that there should be 2 kinds, one for the treatment of the disease in a recent state in which they might be limited to 1 or 2 years residence, and another description of houses for the cases of more discharged not cured from the first. he supposes 6 of the 1st and 600 of the permanent kind which would require

FIG. 150 Page from Sir Alexander Morison's diary dated 22 March 1818 recording his visit to Esquirol in Paris (*Royal College of Physicians, Edinburgh*).

Transcript of entry in Sir Alexander Morison's diary illustrated in Fig. 150, page 737.

22 [March 1818]. Went to Dr. Esquirols and from thence to the Salpêtrière where I found him between 30 & 40 I think, an intelligent man who for 10 years has paid great attention to the subject of Madness and has written and collected much upon the subject of Hospitals & private receptacles for the Insane. – He has near 200 plaster of paris Casts of the faces of Insane persons and 600 Skulls. He is of opinion that Insanity is in general the effect of another disease to which our attention must be directed with a view to a cure, as – Parturition – repelled diseases of the Skin, suppressed discharges, derangement of the abdominal viscera in particular, he has by a great number of dissections observed that the transverse Colon instead of being transverse has been perpendicular which first led him to the use of Emetics which he employs very much – He also employs the Tepid Bath (25 or 26 Reaumur) and has a considerable number of these. 2 are kept apart for the use of those with Cutaneous diseases. He showed me various plans of Madhouses, condemning the plan of Bedlam as having part a sunk floor & too much sacrificed to outward show; approves of that offered for the West Riding of York – shewed me his own plan which is somewhat of this nature – a center peice for the residence of Physician and Surgeon, Infirmary for patients having other diseases etc. 2 side peices one for men on one side & for women on the opposite – also 1 for Convalescents and 1 for Furious maniacs on each side with separate excercise grounds attached to each, and the whole except the middle peice to be on the ground (no second story). He recommends in private receptacles that there should be 2 kinds, one for the treatment of the disease in a recent state in which they might be limited to 1 or 2 years residence, and another description of houses for the abode of those discharged not cured from the first. He supposed 6 of the 1st kind & 40 of the permanent kind which would require [a more frequent inspection than the former . . .]

SIR HENRY HOLLAND (1788–1873)

MD Edin., FRCP, FRS, physician to Queen Caroline, William IV, Queen Victoria and Prince Albert; President of the Royal Institution

On the pellagra, a disease prevailing in Lombardy. In: *Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society, of London,* 1817 Vol. 8, pp. 317-48

Pellagra, the disease of the four 'ds' – diarrhoea, dermatitis, depression and dementia – was first observed in the peasantry of Spain and Italy in the eighteenth century. It is of special importance to psychiatry because it is generally accompanied by mental symptoms which may be severe and dominate the clinical picture. In the English literature it was first described 'after a short residence in the north of Italy' by Sir Henry Holland, a fashionable London physician fond of travelling and recording his observations. He noted that pellagrous patients 'seem most commonly under the influence of an invincible despondency' and some also suffer from 'mania . . . of a very violent kind'; ultimately 'their faculties and senses become alike impaired', in other words they dement. Almost fifty years later the first case in a British asylum was reported from Montrose by J. C. Howden (*Journal of Mental Science,* 1868) but it was not until this century that its frequency in mental hospitals was recognised and its cause discovered to be an avitaminosis, although even in Holland's time it was surmised to be a deficiency disease and treated by 'a nutritious diet'.

The early nineteenth century saw the recognition of a number of other 'new' diseases like pellagra characterised by marked mental symptoms: delirium tremens for instance and most important general paralysis of the insane. This was the first step towards bringing psychiatry into line with scientific medicine in which basic advances consisted of clinical separation of diseases by symptomatology, course and cause; and as more and more diseases of the nervous system were defined neurology gradually grew from psychiatry as a specialty of its own. The fact that it became possible to ascribe 'specific' mental states to specific pathological conditions (as had been done in the case of hydrophobia long before) also proved a powerful boost to the argument that mind disease is always brain disease as for instance at the hands of Sir William Lawrence [see p. 748] and encouraged the belief that one day all mental illness would be explained on a physical basis. (In passing the first English author who attributed a specific delirium to a specific illness was William Rowley [see FIG. 103] in his *An essay on the malignant, ulcerated sore throat . . . and an account of a new species of temporary madness,* 1788.)

In later life Holland expanded his interest in mental diseases. His popular *Medical notes and reflections,* 1839 included chapters on 'psychological subjects'

[see Wigan p. 933] which were later published separately as *Chapters on mental physiology*, 1852 (a second edition 1858). They contain a carefully considered and stimulating survey of the lines along which he believed future advances in psychiatry would be made and which in the event have turned out to be essentially correct. 'Dreaming; insanity in its many forms; intoxication from wine or narcotics; and the phenomena arising from cerebral disease, are the four great mines of mental discovery still open to us' he wrote. 'These several states, singly and in their connexion with each other, unfold facts, and illustrate relations, which seemingly could have been known to us from no other source... It is obvious that there are circumstances in common here, not sufficient indeed to identify these various states . . . but enough to show that certain analogous changes occur as the case and foundation of all'. And 'though becoming less obvious as we advance into the inward recesses of thought, and seek for explanation of those states in which false combinations of ideas, and perverted passions and feelings, are chiefly concerned' – that is psychopathology – they nevertheless provide 'a series of intermediate steps' by means of which 'we can . . . associate together the natural and morbid conditions' of the mind. In addition the 'close resemblance' between 'the deficiencies and hallucinations of insanity' and 'the unformed intellect and character of the child . . . abounds in curious inferences, and well deserves more minute examination of its details'.

'Such observations' he concluded, 'are the more important, as they bear directly upon every question of treatment. No principle of practice in mental disorders can probably be successful which does not recognise their relation to the phenomena of mind in its healthy state; and some of the more remarkable cures I have known, where physical causes of the infirmity did not exist, have been effected really, if not professedly, by a discreet application of this method'.

PELLAGRA

A short residence in the north of Italy, at two successive periods, has given me the opportunity of making some observations on the singular variety of disease, which forms the subject of the following paper . . . The Pellagra has derived its name from an affection of the skin, which is one of the earliest and most conspicuous symptoms of the disorder . . . as an endemic disease, [it] prevails chiefly in the provinces of Lombardy, lying between the Alps and the Po . . . [and is] confined almost exclusively to the lower classes of the people, and chiefly to the peasants . . . The first distinct appearance of the malady is under a local cutaneous form; preceded, however, occasionally by languor, debility, and other indications of a general cachectic state of the body. The local symptoms very generally shew themselves in the first instance, early in the spring, at the period when the mid-day heat is rapidly increasing, and when the peasants are most actively engaged in their labours in the fields. The patient perceives on the back of his hands, on his feet, and sometimes, but more rarely, on other parts of the body exposed to the sun, certain red spots or blotches... the skin almost always becomes dry and scaly, forming rough patches,

which are excoriated and divided by furrows and rhagades. Desquamation gradually takes place, which . . . leaves behind a shining, unhealthy surface in the parts affected . . . With this local affection are connected, even in the first period of the disease, certain general symptoms, which are important in as much as they indicate the constitutional nature of the malady. Debility of the whole body; vague and irregular pains of the trunk and limbs, but especially following the track of the spine and dorsal muscles; headache, with occasional vertigo; irregular appetite, and general depression of spirits; these are the more ordinary symptoms which attend the early part of its progress. The bowels are for the most part relaxed . . . The debility is greatly increased in the second year of the complaint . . . All the nervous symptoms . . . are renewed in more severe degree; there is a general tendency to cramp and spasmodic affections; the mind begins to suffer under the disorder; and the feeling of anxiety and despondence is very strongly marked. I find the symptom of *libido inexplebilis* noticed by one or two writers . . . In the third year every symptom is renewed at an earlier period, and in an aggravated degree . . . The debility now becomes extreme; the patient is scarcely able to support himself; and the limbs, besides their feebleness, are affected with pains, which still further impede the power of motion. The diarrhoea continues . . . Vertigo, *tinnitus aurium*, and double vision are almost universally concomitants of this stage of the disorder, and all the senses become exceedingly impaired . . .

Connected with these latter symptoms is the effect which the pellagra produces upon the minds of those suffering under the malady, which effect forms one of the most striking circumstances in the history of the disease. The anxiety, watchfulness, and moral depression of the patient are rapidly augmented. In the hospitals appropriated to the reception of such cases, the *Pellagrosi* afford a melancholy spectacle of physical and moral suffering, such as I have rarely had occasion to witness elsewhere. These unhappy objects seem under the influence of an invincible despondency; they seek to be alone; scarcely answer the questions put to them; and often shed tears without any obvious cause. Their faculties and senses become alike impaired; and the progress of the disease, where it does not carry them off from debility and exhaustion of the vital powers, generally leaves them incurable ideots, or produces occasionally maniacal affections, which terminate eventually in the same state. As a striking proof of this tendency of the disease, I may mention the fact, that at the time I visited the Lunatic Hospital at Milan, there were very nearly 500 patients of both sexes confined there; of which number, more than one-third were *Pellagrosi*; people brought thither by the termination of their disorder either in ideocy or mania. Even this statement gives little adequate idea of the ravages of the disease, in this mode of its termination. The public hospitals of the country are wholly incompetent to receive the vast number of persons affected with the *pellagra*; and the greater proportion of these unfortunate people perish in their own habitations, or linger there a

wretched spectacle of fatuity and decay . . .

The mania consequent upon pellagra is often of a very violent kind, of which I have seen some remarkable instances in the Lunatic Hospital at Milan. Where such affections occur, the progress of the disease appears to be in some degree retarded, and the strength less rapidly declines. Attempts at suicide are frequent among *Pellagrosi*; and particularly, it is said, by throwing themselves into the water. Strambi has thought it worth while to characterize this tendency by the name of Hydromania . . .

With regard to the origin and causes of this singular endemic malady, though a good deal has been written both by Italian and German physicians, yet I do not find any thing which can be regarded as perfectly decisive or satisfactory . . . The point then to which we are almost necessarily conducted, is the mode of life and subsistence among the peasantry of the country . . . I may mention here, that several Italian physicians have conceived the increasing use of maize as an article of food, to be much concerned with the extension of the pellagra in this part of Italy, and have thought it probable that the peculiar nature of the disorder might be derived in a great degree from this particular diet . . . I must not quit the subject of the causes of the *Pellagra*, without alluding again to a remarkable fact in the history of the disease; viz., the first appearance of the symptoms in the spring of the year; their partial disappearance in the autumn; their renewal in the ensuing spring; and the continuance of this alternation for successive years, whenever the disease is protracted thus long, without reaching its latter stages.

GEORGE KERR (1770–1826)

Medical practitioner of Aberdeen

Medical sketches, 1818 *London, Callow* pp. 1-3, 12-3, 21-9

No history of psychiatry can afford to neglect hellebore that most powerful antilyssic of antiquity, not because its use extended into the period covered by the present volume (which incidentally it did) but because it was the original specific medicinal treatment of madness which inspired the constant search for new safer and more effective drugs throughout the ages. Pinel blamed the mirage of hellebore for the excessive preoccupation with remedies which retarded clinical observation and advances in psychiatry for so many centuries. Indeed just as the caduceus is the symbol of the medical art the plant hellebore (depicted on Burton's title-page in 1632, see FIG. 24) could well be taken as that of the mad-doctor. Kerr a practising physician and classical scholar was well equipped to write this succinct account of its ancient therapeutic use. Its effects were very like those of the swing described by Cox and included 'violent symptoms' to the point of convulsions which were repeatedly induced (a striking instance of how psychiatric methods and theories seem to change over the centuries and yet basically remain the same). In Kerr's time hellebore was reintroduced in a secret French preparation called '*Eau medicinale d'Husson*' which achieved popularity against gout, epilepsy and insanity, and which turned out to be a mixture of laudanum and hellebore in a prescription lifted from the elder Pliny (James Moore, *A letter to Dr. Jones on the composition of the Eau Medicinale d'Husson*, 1811).

The history of hellebore may be taken as representative of that of many psychiatric treatments and raises the question how it was possible – and apparently still is – that so many formidable procedures came in the first place to be introduced and then kept their hold for so long. For this two reasons may be singled out. First there was the urgent need to help the suffering insane for their own sake and to control them for society's – perhaps the fundamental reason for physical treatments whatever their later rationale, since without them doctors would have had no lever with which to work on diseases of the mind. The second reason was that their long-term efficacy was never proved or disproved so that they continued to be used if only because doctors could not afford not to try anything that was ever reported to have achieved results. This highlights the peculiar difficulties of assessing results of treatments in this field. The main requisite for this is a thorough knowledge of the natural history of mental illness – which is not even today fully elucidated – to serve as a standard of comparison between treated and untreated cases. This in turn demands a uniform and generally accepted nosology with precise terminology which also is still lacking because psychiatric diagnosis being essentially historical and

symptomatic is dependent on two variables, the assessor – the psychiatrist, and the assessed – the patient. In consequence similar cases present different symptoms at different times and to different psychiatrists, and identical symptoms by no means imply identical pathology, psycho- or other. This observer error may even be greater in the assessment of the results of treatment because being empirical and aimed at alleviating (or suppressing) symptoms on the principle of altering mind by modifying brain, it was and remains subjective and *ad hoc* and against this pitfall blind or even double-blind trials are no safeguard. There are the additional difficulties whether cessation of symptoms is equivalent to cure, and for how long must they remain in abeyance for a relapse not to be rated as evidence of failed treatment but as a recurrence following cure? Finally there is the natural tendency to be impressed by positive results and to gloss over or ignore failures which Francis Bacon (1627) noted: 'Men observe when Things Hit, and not when they Misse: And commit to Memory the one, And forget and passe over the other'. Hence the frequent reports of a few patients successfully treated (often by some old method or revived remedy in new guise as for instance Anthony Fothergill's report *Of the efficacy of the hyoscyamus, or henbane, in certain cases of insanity*, 1787 in *Memoirs of the Medical Society of London* which dealt with a drug recommended by Aretæus in the second century A.D. and by Andrew Boorde in the sixteenth). Such reports once published are rarely contradicted since if it is laborious to assemble the evidence of positive treatment results scientifically it is even more so and much less rewarding to do so for negative ones (this is borne out by the noteworthy fact that treatments quietly pass into oblivion and are supplanted but rarely disproved). For such reasons William Herberden senior (1710-1801), MD Cantab. FRCP, FRS, one of the most eminent physicians of the eighteenth century and the first to be called to George III in 1788 'wished, that writers would not confine themselves to relate only their successful practice, but that they would have the courage to tell us the ineffectual and hurtful . . . and any physician of great experience might make a very useful paper, by giving an account only of such medicines and methods of cure, which he had found to be useless and inconvenient' (*Commentaries on the history and cure of diseases*, 1803, 2nd edition, pp. 494-5).

THE HISTORY OF HELLEBORE

Although it is unquestionably true that many improvements in the healing art have been made in modern times, it is equally true, that from the prevailing neglect of the writings of the ancient physicians, much valuable information is lost to the world, and many supposed discoveries and improvements, are merely revivals of ancient practice . . . The purpose of this Essay is to draw the public attention to the use of one remedy, once most successfully used, but now fallen into disuse, and even considered as a poison; and that is, Hellebore, as applied for the cure of Insanity, and other diseases. Not only are we assured of the efficacy of this Medicine, by the most respectable medical writers of antiquity, but we find that efficacy proverbially noticed by the poets and historians of Greece and Rome . . . Indeed, of all other remedies mentioned by the ancient physi-

cians, *Veratrum* appears to have been the most generally used in their most obstinate cases of mania, melancholia, gout, and elephantiasis, and its manner of exhibition is presumed by Hippocrates to be so well known that he does not describe it; but shortly says, that in certain cases . . . 'recourse must be had to a course of hellebore', the frequentative verb strictly implying the repeated use of the remedy . . . The writers who particularly mention the mode in which it was administered by the ancients, are Oribasius and Ælius, of the third century, and Paulus Ægineta, supposed to be of the seventh, when the medicine had been in common use for nearly a thousand years . . .

In cases of insanity, when the patient could not be prevailed upon to take any of the forms of the medicine mentioned, we are informed by Dioscorides, that it was usual to powder it finely, and mix it in the bread which hunger compelled the patient to eat, and that even thus it often proved successful . . . It must however be attended to, that the ancient physicians never expected a cure by means of Hellebore, until they had used it several times, and each time so as to produce violent symptoms. The author I quote has a chapter with this title, '*Qui faciendum sit quum strangulatio occupat eos qui Elleborum sumpserunt*'. By '*strangulatio*' I conceive the author means that suspension of respiration which spasms of the stomach produce . . . A following chapter treats of the singultus and convulsion, which for the most part come on after a full dose of Hellebore. If these prove moderate, the physician is desired not to interfere, as they prove useful by agitating the stomach, and provoking a more perfect discharge of its contents; but if they prove excessive, a warm infusion of such plants as are grateful to the stomach is prescribed, together with sternutatory. In still more urgent cases, tight ligatures are put upon the extremities, perhaps with the view of checking convulsive motion, as we sometimes do in cases of epilepsy, and the patient is to be put into the warm-bath . . . A medicine so powerful, after the more violent effects were over, left the patient exceedingly languid, and profuse debilitating sweats are mentioned as frequently demanding the attention of the physician . . .

From the above sketch we see, that however efficacious Hellebore may have been . . . its exhibition must have been formidable to all concerned, the practitioner, as well as the patient and his friends . . . It has been said that according to Aretæus, Hellebore was anciently used in many different chronic diseases; it was, however, more especially used in cases of insanity, and even the poets bear testimony to its efficacy as well as the moral writers and historians.

GLASGOW ASYLUM FOR LUNATICS

FIFTH ANNUAL REPORT OF THE DIRECTORS, 1819 *Glasgow, Hedderwick* (pp. 24) pp. 15-6

With the opening in the second half of the eighteenth century of subscription and charitable asylums and in the nineteenth century of county asylums many features of the insane state came to be observed for the first time, and physicians began to exchange their new clinical experiences through printed annual reports which served as their medium of communication before the advent of specialist journals like *The Asylum Journal of Mental Science* 1853. Among the early observations made under the more liberal system of the new establishments was that the insane under certain circumstances were capable of benefiting from community life. This was the opposite of what had been believed before as when Ferriar (1795) noted that severely disturbed patients had a bad influence on the less disturbed. For the same reason patients were mostly confined singly in cells

FIFTH

ANNUAL REPORT

OF

THE DIRECTORS

OF THE

GLASGOW

Asylum for Lunatics,

SUBMITTED,

IN TERMS OF THEIR CHARTER,

TO

A General Meeting of Contributors,

7th JANUARY, 1819.

Glasgow,

PRINTED BY JAMES HEDDERWICK,

26, BELL-STREET.

1819.

FIG. 151 Title-page of *Fifth annual report . . . of the Glasgow Asylum for Lunatics*, 1819.

and architects like Stark (1807) paid so much attention to separation of patients or 'classification' not only by sex and social class but also by severity of illness. The extract quoted here from the fifth report of the Glasgow Asylum which opened in 1814 illustrates how early under improved conditions it was found that 'when the Patients are properly selected, the advantages which they derive from their intercourse with each other, are incalculable'. Such observations were the forerunners of what today is called 'group therapy', the attempt to utilise systematically under medical guidance the stimulus of patients on each other as a form of treatment.

PATIENTS IN GROUPS

The advantages obtained from society, in the little circles to which the Patients belong, are a sufficient compensation for any want of seclusion, even supposing the law would allow a Patient to be altogether immured, which it will by no means do; and the effects which they produce on each other by friendly intercourse, when properly regulated, is far greater than any one, not familiar with the subject, would suppose possible.

There is at present in the Asylum, a fine young woman, who, from her vacant stare, her filthy habits, and her habitual listlessness, seemed fast verging to idiocy. When she left her bed, she was usually obliged to be confined, to prevent her from injuring herself or others. In addition to an expert and intelligent nurse, who paid her great attention, one of the Patients belonging to her little society, began to take a parental charge of her, and with effects truly astonishing. Being a very clever woman herself, and the mother of a family, she speedily gained the affection of her ward, whom she has so completely transformed, that, instead of loitering in bed, or requiring confinement when out of it, she rises betimes, cleans herself, dresses neatly, often elegantly, sits at table with the rest, where she acquits herself perfectly well, and spends her time in useful or ornamental needlework. Though she still retains a vacant stare, a degree of fatuity, and sometimes betrays an idiot laugh, she is very much improved in appearance, conduct, and habits; and, it may be questioned if she could have obtained such an improvement in any more insulated situation. This case is mentioned, not as a solitary one, for there are many such; and, when the Patients are properly selected, the advantages which they derive from their intercourse with each other, are incalculable.

SIR WILLIAM LAWRENCE (1783–1867)

Fellow and President, Royal College of Surgeons, FRS; surgeon to Bridewell and Bethlem Hospitals, 1815–1867, St Bartholomew's Hospital and to the London Infirmary for Diseases of the Eye; Serjeant-Surgeon to Queen Victoria

Lectures on physiology, zoology, and the natural history of man, delivered at the Royal College of Surgeons, 1819 *London, Callow* pp. 7, 110-4

A 'ninth edition' appeared in 1844, and was reissued in 1848

These lectures were delivered by Lawrence while professor of anatomy and surgery at the College of Surgeons to which he had been appointed in 1815. In the following year he published *An introduction to comparative anatomy and physiology* which aroused considerable alarm and attacks similar to those which Charles Darwin later met. An exponent of evolution Lawrence held that man was not separately created, but that there was a regular gradation of 'living bodies . . . from the last of plants – the mosses or the algae – to the first of animals – Man' and that there was no need to postulate 'the existence of an independent living principle, superadded to the structure of animal bodies' to account for vital phenomena. 'The fact is just the reverse' he wrote, 'Comparative anatomy affords the strongest and most numerous proofs of the dependence of function on structure. Every variation in the construction of an organ is accompanied with a corresponding modification of function . . . All our praise of the wise adaptation of structure to situation and habits, of the modifications of organs according to their uses, presupposes the truth I have just asserted'. It seemed to him the 'hypothesis or fiction of a subtle invisible matter, animating the visible textures of animal bodies . . . is only an example of that propensity in the human mind, which has led men at all times to account for those phenomena, of which the causes are not obvious, by the mysterious aid of higher and imaginary beings . . . and . . . the immediate operation of the divinity'. Such sentiments were naturally regarded as atheistic and a denial of the divine immortality of the soul, and even his former teacher and fellow surgeon at St. Bartholomew's Hospital John Abernethy accused him publicly of 'propagating opinions detrimental to society, and of . . . loosening those [moral and religious] restraints, on which the welfare of mankind depends'. In reply Lawrence when he published the full text of his lectures in 1819 (quoted here) prefixed to them an impassioned appeal for freedom 'of thought and expression' in science: 'I take the opportunity of protesting, in the strongest terms, – in behalf of the interests of science, and of that free discussion, which is essential to its successful cultivation, – against the attempt to stifle impartial inquiry by an outcry of pernicious tendency'.

In this book he took his views to their logical conclusion and declared that '*physiologically* speaking . . . the mind, the grand prerogative of man' was merely the expression of 'the functions of the brain'. However he was cautious to insert the qualification '*physiologically* speaking . . . because the theological doctrine of the soul, and its separate existence, has nothing to do with this physiological question, but rests on a species of proof altogether different'. The import of these opinions was quickly recognised and a popular selection entitled *Fact versus fiction! An essay on the functions of the brain* appeared in 1832 and was reissued several times. From the main work (itself often reprinted) is quoted his evidence from comparative anatomy and pathology that mind equals brain and therefore there was no such thing as mind disease. This complemented the phrenological doctrine of Drs Gall and Spurzheim which gave so much impetus to the study and advancement of the anatomy, physiology and pathology of the central nervous system and led to the elucidation of many neurological conditions with and without mental symptoms.

But when it came to mental illness and especially its treatment, Lawrence like many who rightly prided themselves on thinking scientifically and progressively about the brain and nerves, held the most unscientific yet equally determined views. Paradoxically those who showed the highest regard for the nervous system often attacked it blindly and empirically in the deranged, almost as if anything were preferable to doing nothing even when there was nothing rational to be done, and as if anything were preferable to the psychological approach. Such therapeutic short-cuts – the so-called empirical treatments – based on the general assumption that mental phenomena equal physical events and so by-passing the mind, seem somehow always to have tempted medical men at times of striking advances in the basic sciences and lured them into what was considered a scientific attitude more in keeping with the age, although by outstripping factual knowledge it was as much an expression of faith and hence unscientific as that of the psychical schools whom they, the somatic schools, on these very grounds so bitterly attacked. A hundred years before Lawrence, Nicholas Robinson a physician of the iatro-mechanical school [see p. 342] applied Newtonian physics to his medical theory and prided himself on accounting 'mechanically' for 'Melancholy, Madness, and Lunacy' as 'mechanical Affections of Matter and Motion . . . in the Fibres'. From this standpoint he recommended 'the most violent Vomits, the strongest purging Medicines, and large Bleedings . . . often repeated' and naturally ridiculed psychotherapy as equivalent to an 'attempt to counsel a Man out of the most violent Fever'. Lawrence too scorned 'the moral pharmacopoeia' as an ineffectual remnant of superstitious times and advocated 'vigorous medical treatment': bleeding, vomits and purges, the ancient favourite remedies for insanity. All that had changed was their rationale: no longer used to draw off noxious humors, they were now supposed to relieve pressure and plethora in the brain, and used in the hope of altering the function of 'the organ of mind'. Such assessments of 'mental remedies' perpetuated the old confusion of the philosophical and theological tenets of a vital principle and immortal soul with mind and its functioning as a proper object of psychiatric study and treatment [see Thomas Brown 1820].

Examine the mind, the grand prerogative of man. Where is the mind of the fetus? where that of the child just born? Do we not see it actually built up before our eyes by the actions of the five external senses, and of the gradually developed internal faculties? do we not trace it advancing by a slow progress through infancy and childhood, to the perfect expansion of its faculties in the adult; – annihilated for a time by a blow on the head, or the shedding of a little blood in apoplexy; – decaying as the body declines in old age; – and finally reduced to an amount hardly perceptible, when the body, worn out by the mere exercise of the organs, reaches by the simple operation of natural decay that state of decrepitude most aptly termed second childhood? Where then shall we find proofs of the mind's independence on the bodily structure? of that mind, which, like the corporeal frame, is infantile in the child, manly in the adult, sick and debilitated in disease, frenzied or melancholy in the madman, enfeebled in the decline of life, doting in decrepitude, and annihilated by death? Take away from the mind of man, or from that of any other animal, the operations of the five external senses, and the functions of the brain, and what will be left behind? . . .

It is admitted that an ideot with a malformed brain has no mind; that the sagacious dog and half-reasonable elephant do not require any thing super-added to their brains; it is allowed that a dog or elephant excels inferior animals in consequence of possessing a more perfect cerebral structure; it is strongly suspected that a Newton or a Shakespeare excels other mortals only by a more ample development of the anterior cerebral lobes, by having an extra inch of brain in the right place; yet the immaterialists will not concede the obvious corollary of all these admissions; viz. that the mind of man is merely that more perfect exhibition of mental phenomena, which the more complete development of the brain would lead us to expect, and still perplex us with the gratuitous difficulty of their immaterial hypothesis. Thought, it is positively and dogmatically asserted, cannot be an act of matter. Yet no feelings, no thought, no intellectual operation has ever been seen except in conjunction with a brain; and living matter is acknowledged by most persons to be capable of what makes the nearest possible approach to thinking . . .

If the mental processes be not the function of the brain, what is its office? In animals, which possess only a small part of the human cerebral structure, sensation exists, and in many cases is more acute than in man. What employment shall we find for all that man possesses over and above this portion; – for the large and prodigiously developed human hemispheres? Are we to believe that these serve only to round the figure of the organ, or to fill the cranium? It is necessary for you to form clear opinions on this subject, as it has immediate reference to an important branch of pathology. They who consider the mental operations as acts of an im-

material being, and thus disconnect the sound state of the mind from organisation, act very consistently in disjoining insanity also from the corporeal structure, and in representing it as a disease, not of the brain, but of the mind. Thus we come to disease of an immaterial being, for which, suitably enough, moral treatment has been recommended.

I firmly believe, on the contrary, that the various forms of insanity, that all the affections comprehended under the general term of mental derangement, are only evidences of cerebral affections; – disordered manifestations of those organs, whose healthy action produces the phenomena called mental; – in short, symptoms of diseased brain. These symptoms have the same relation to the brain, as vomiting, indigestion, heartburn, to the stomach; cough, asthma, to the lungs; or any other deranged functions to their corresponding organs . . .

The very persons who use this language of diseases of the mind, speak and reason correctly respecting the other affections of the brain. When it is compressed by a piece of bone, or by effused blood or serum, and when all intellectual phenomena are more or less completely suspended, they do not say that the mind is squeezed, that the immaterial principle suffers pressure. For the ravings of delirium and frenzy, the excitation and subsequent stupor of intoxication, they find an adequate explanation in the state of the cerebral circulation, without fancying that the mind is delirious, mad, or drunk. In these cases the seat of the disease, the cause of the symptoms, is too obvious to escape notice. In many forms of insanity the affection of the cerebral organisation is less strongly marked, slower in its progress, but generally very recognisable, and abundantly sufficient to explain the diseased manifestations; – to afford a material organic cause for the phenomena – for the augmented or diminished energy, or the altered nature of the various feelings and intellectual faculties. I have examined after death the heads of many insane persons, and have hardly seen a single brain, which did not exhibit obvious marks of disease . . . Add to this, that the insane often become paralytic, or are suddenly cut off by apoplexy. Sometimes, indeed, the mental phenomena are disturbed, without any visible deviation from the healthy structure of the brain . . . we find the brain, like other parts, subject to what is called functional disorder; but, although we cannot actually demonstrate the fact, we no more doubt that the material cause of the symptoms or external signs of disease is in this organ, than we do that impaired biliary secretion has its source in the liver, or faulty digestion in the stomach . . . The effect of medical treatment completely corroborates these views. Indeed they, who talk of and believe in diseases of the mind, are too wise to put their trust in mental remedies. Arguments, syllogisms, discourses, sermons, have never yet restored any patient; the moral pharmacopoeia is quite inefficient, and no real benefit can be conferred without vigorous medical treatment, which is as efficacious in these affections, as in the diseases of any other organs.

THOMAS BROWN (1778–1820)

MD Edin., professor of moral philosophy, University of Edinburgh 1809-20, physician and poet

Lectures on the philosophy of the human mind, 1820 *Edinburgh, Tait* 4 vols Vol. 1, pp. 7-8, 217-9, 224-7; vol. 3, pp. 45-9

A 19th edition 1851

The promotion of psychiatry in the nineteenth century to the status of a medical specialty was largely owing to two factors. First, the necessity of separating the insane owing to the nature of their illness led to the establishment of special hospitals or asylums in which grew up a body of medical men with special experience. Second, the gradual recognition that forces were at work in the human mind in health and responsible for mental illness beyond conscious awareness and voluntary control which required an approach different from that to physical illness. It was here that the Scottish school of philosophers made their contribution to psychiatry in the eighteenth and nineteenth centuries. Among these Brown's *Lectures* composed during the first two years of his professorship stand out as of first importance as the number of its editions alone shows. Initially Brown had studied law, abandoned it for medicine, qualified on a thesis *De somno*, 1803, practised for a time in partnership with James Gregory (1753–1821), professor of medicine at Edinburgh University and son of John Gregory, for whom he dealt with consultations by correspondence, and ultimately when Dugald Stewart all but retired in 1809 was appointed jointly in theory but in fact his successor in the chair of moral philosophy.

The essence of Brown's teaching was that the science of metaphysics was chiefly analytical: 'it is the labour of the intellectual inquirer to *analyze*, as it is the labour of the chemist to reduce the compound bodies, on which he operates . . . to their constituent elements'. He 'effected more in the analytic department than any preceding philosopher' wrote his biographer David Welsh (*Account of the life and writings of Thomas Brown, M.D.*, Edinburgh, 1825) who also correctly observed that in this sense 'there is an actual change effected . . . by separation or by alteration' in the process of analysis. 'If we suppose the mind to act by means of material organs, it may be erroneous to say, that there is a removal of these organs from the mind, as that might imply such a separation in space, as we are not entitled to suppose; but there is, at least, such a change in the organ, that it ceases to affect the mind, or the mind is affected by it in a different manner. Or if there is merely a succession of states, then there is a change in the antecedent state, by which the consequent state is affected'. On the negative side this fact – quite apart from the influence

of the observer – makes clinical observation in psychiatry such a subjective process; on the positive side it explains why every psychiatric interview should be therapeutic and indeed provides one *raison d'être* of psychotherapeutic endeavour. To those who maintained that mind as such did not exist Brown answered that 'sensations, perceptions, thoughts, and feelings, in short, all the mental phenomena, are no different from the mind, but are in reality the mind itself existing in different states' and amenable to scientific study without the need to question the nature of mind, just as the laws and properties of matter were studied without a knowledge of its fundamental nature. As an extension of this thesis he proposed in place of 'the name of Association of Ideas' for 'the tendency of the mind . . . to exist in one state after existing in some other state' leading to the 'renovation of former feelings . . . or conceptions . . . the name of simple suggestion; meaning by that phrase to express nothing more than . . . the readiness of certain feelings to arise after certain other feelings, as resemblances of former perceptions, or conceptions, or other preceding states of mind'. With this sentence the concept of 'suggestion' which later played such an important role in psychopathological theories and therapies entered psychological literature (today it is used primarily for psychological forces influencing the mind from without).

It is refreshing to find Brown concerned not only with how and why patients fall ill, but also with how they get well, a rarely considered but equally pertinent question. On the example of a story told by Voltaire he discussed the process of mourning, remarked on 'the comparative inefficacy of the ordinary topics of consolation' and instead credited recovery to 'time, the universal comforter' with the passing of which 'the original sorrow . . . becomes so much softened and diversified by repeated combinations, as scarcely to retain the same character' – interestingly Freud (1917) also studied the normal process of mourning and its relation to melancholia. Time of course is still the psychiatrist's silent ally, the claims of therapies and therapists, ancient and modern, notwithstanding.

Brown's philosophy or rather psychology left little room for the play of free will and self-determination and on these grounds he was criticised as was Lawrence (1819) who considered mental phenomena the physiological products of brain function and so predetermined by structure and equally beyond free will. And yet their respective standpoints were diametrically opposed: Brown the philosopher-physician who predicted that by the 'science of analysis' there would one day be achieved 'a field of discovery in the science of mind as rich . . . as that of the universe without'; Lawrence the surgeon-anatomist who scorned 'the moral pharmacopoeia', wrote off mind disease as brain disease, and visualised the future explanation of normal and abnormal mental processes in terms of 'affections of the cerebral organisation'. These two great men whose writings by a curious coincidence appeared within one year may be regarded as the prototypes of the opposing factions into which psychiatrists are divided today perhaps more than ever. Yet this division into psychological and physical or somatic schools is artificial because the problem of psychiatry is not an either-or.

The mind, it is evident, may, like the body to which it is united, or the material objects which surround it, be considered simply as a substance possessing certain qualities, susceptible of various affections or modifications, which, existing successively as momentary states of the mind, constitute all the phenomena of thought and feeling. The general circumstances in which these changes of state succeed each other, or, in other words, the laws of their succession, may be pointed out, and the phenomena arranged in various classes, according as they may resemble each other, in the circumstances that precede or follow them, or in other circumstances of obvious analogy. There is, in short, a science that may be termed *mental physiology*, as there is another science relating to the structure and offices of our corporeal frame, to which the term physiology is more commonly applied . . . we speak, in reference to the mind, of its faculties or functions of *perception*, *memory*, *reason*, as we speak, in reference to the body, of its functions of *respiration*, *circulation*, *nutrition*. This *mental physiology*, in which the mind is considered simply as a substance endowed with certain susceptibilities, and variously affected or modified in consequence, will demand of course our first inquiry . . .

Since the phenomena of the mind, however, are *obviously successive*, like those of matter, the consideration of the sequences of the mental phenomena, and the arrangement of them in certain classes, may appear to you sufficiently analogous to the consideration and arrangement of the sequences of the phenomena of the material world. But that there should be any inquiries, in the philosophy of mind, corresponding with the inquiries into the composition of bodies, may appear to you improbable, or almost absurd; since the mind, and consequently its *affections* . . . must be always simple and indivisible. Yet . . . the Science of Mind is, in its most important respects, a source of analysis . . . and it is only as it is in this virtual sense *analytical*, that any discovery, at least that any important discovery, can be expected to be made in it.

It is, indeed, scarcely possible to advance, even a single step, in intellectual physics, without the necessity of performing some sort of analysis, by which we reduce to simpler elements, some complex feeling that seems to us virtually to involve them. In the mind of man, all is in a state of constant and ever-varying complexity, and a single sentiment may be the slow result of innumerable feelings. There is not a single pleasure, or pain, or thought, or emotion, that may not, – by the influence of that associating principle, which is afterwards to come under our consideration, – be so connected with *other pleasures*, or *pains*, or *thoughts*, or *emotions*, as to form with them, for ever after, an union the most intimate. The complex, or seemingly complex, phenomena of thought, which result from the constant operation of this *principle of the mind*, it is the labour of the intellectual inquirer to *analyze*, as it is the labour of the chemist to reduce

the compound bodies, on which he operates, however close and intimate their combination may be, to their constituent elements . . . The aggregates of matter we analyze by the use of other matter, adding substance after substance, and varying manipulation after manipulation; – the complex mental phenomena we analyze virtually by mere reflection; the same individual mind being the *subject* of analysis, the instrument of analysis, and the analysing inquirer . . .

If the phenomena of the mind were to be regarded merely as successive . . . it might, indeed, be said . . . that this *mere succession* must be as familiar to the unreflecting mind as to the mind of the philosopher; though, even in this limited sense, the remark is far from being accurate. But the phenomena have *other* relations, as well as those of succession, – relations which are not involved in the mere consciousness of the moment, but are discoverable *by reflection only*, – and to the knowledge of which, therefore, addition after addition may be made by every new generation of reflecting inquirers . . . Indeed, so complex are the mental phenomena, and so difficult of analysis, – even in those most common cases, which may be said to be familiar to all, – that it is truly wonderful that the difficulty of this analysis, and the field of inquiry which this very difficulty opens, should not have occurred to the disparagers of intellectual discovery, and made them feel, that what they were not able to explain, could not be so well known to all mankind as to be absolutely incapable of additional illustration . . . the science of mind . . . as a science of analysis . . . presents us with a field of discovery as rich, and, I may say, almost as inexhaustible in wonders, as that of the universe without.

TIME THE COMFORTER

'The great philosopher Citophilus', says Voltaire, in one of the most pleasing of his little tales, 'was one day in company with a female friend, who was in the utmost affliction, and who had very good reason to be so. Madam, said he to her, the Queen of England, the daughter of our great Henry, was as unfortunate as you. She was almost drowned in crossing our narrow channel, and she saw her royal husband perish on the scaffold. – I am very sorry for her, said the lady; and she began to weep her own misfortunes.

'But, said Citophilus, think of Mary Stewart. She loved, very honourably, a most noble musician, who sung the finest tenor in the world. Her husband killed her musician before her very eyes; and afterwards her good friend, and good relation, Queen Elizabeth, who first kept her in prison eighteen years, contrived to have her beheaded on a scaffold, covered with the finest black. – That was very cruel, answered the lady; and she sunk back into her melancholy as before.

'You have perhaps heard of the beautiful Joan of Naples, said the comforter. She was seized, you know, and strangled. I have a confused

remembrance of it, said the lady.

'I must tell you, added the other, the adventures of a queen, who was dethroned in my own time, after supper, and who died in a desert island. – I know the whole story, she replied.

'Well, then, how can you think of being so miserable, when so many queens and great ladies have been miserable before you. Think of Hecuba! Think of Niobe! – Ah! said the lady, if I had lived in their time, or in the time of those beautiful princesses of whom you speak; and, if to comfort *them*, you had told them *my* griefs, do you think they would have listened to you?

'The next day the philosopher lost his only son, and was at the very point of death with affliction. The lady got a list made out of all the *kings* who had lost their children, and carried it to the philosopher. He read it, – found the list to be very accurate, and did not weep the less. Three months afterwards, they met again, and were quite astonished, at meeting, to find themselves so gay. They resolved immediately to erect a beautiful statue to Time, and ordered this inscription to be put upon it, "To the Comforter".'

The tale, it must be admitted, is a very faithful picture of the power of time, the universal comforter, and of the comparative inefficacy of the ordinary topics of consolation. But how is it, that time does produce this effect? Some remarks, which I formerly made in treating of association, will aid us, I think, in explaining the mystery . . . The melancholy emotion, which remains after any great affliction, – after the death, for example, of a husband or a child, is, of course, when recent, combined with few feelings that do not harmonize with the grief itself, and augment it, perhaps, rather than diminish it. In a short term, however, from the mere unavoidable events of life, other feelings, suggested by these events, combine with that melancholy, with which they *coexist*, so as to form with it one complex state of mind. When the melancholy remembrance recurs, it recurs, therefore, not as it was before, but as modified by the combination of these new feelings. In the process of time, other feelings, that may casually, but frequently coexist with it, combine with it in like manner; the complex state of mind partaking thus gradually less and less of the nature of that pure affliction, which constituted the original sorrow, till at length it becomes so much softened and diversified by repeated combinations, as scarcely to retain the same character, and to be rather sadness, or a sort of gentle tenderness, than affliction. The coexistence of the melancholy thought, when it recurs, with other new feelings that may be accidentally excited at the time, constitutes, then, I conceive, one of the chief circumstances on which the softening influence depends.

ANONYMOUS

SKETCHES IN BEDLAM, 1823

SKETCHES IN BEDLAM;

OR

CHARACTERISTIC TRAITS

OF

INSANITY,

AS DISPLAYED IN THE CASES OF ONE HUNDRED AND FORTY PATIENTS

OF BOTH SEXES,

NOW, OR RECENTLY, CONFINED IN

NEW BETHLEM,

INCLUDING

MARGARET NICHOLSON, JAMES HATFIELD, PATRICK WALSH, BANNISTER TRUELOCK, AND MANY OTHER EXTRAORDINARY MANIACS,

WHO HAVE BEEN

TRANSFERRED FROM OLD BETHLEM.

To the above are added, a succinct History of the Establishment, its Rules, Regulations, Forms of Admission, Treatment of Patients, &c. &c.

"See how the noble mind is here o'erthrown."

BY A CONSTANT OBSERVER.

LONDON:

PUBLISHED BY SHERWOOD, JONES, AND CO.

PATERNOSTER-ROW.

1823.

FIG. 152 Title-page of the anonymous *Sketches in Bedlam*, 1823 (a second edition appeared in 1824).

Although sometimes attributed to Haslam its author was more likely – though proof is lacking – Edward Wright (1791–1859), MD Edin., apothecary to the hospital from 1819 to 1830 when he was dismissed for drunkenness (cf. *Bethlem Hospital. Minutes of evidence taken by the committee appointed to inquire into the charges preferred against Dr. Wright, the apothecary and superintendent*

of Bethlem Hospital, 1830, for the governors), or one of his friends, for his devotion to the work and humanity to the patients is described in glowing terms patently intended to distinguish his outlook from Haslam's, his predecessor but one. Thus 'Dr. Edward Wright is the superintendant and acting apothecary . . . He resides with his family constantly within the hospital, and performs all the duties of his situation, arduous as they are, with diligence and regularity . . . ever attentive and humane towards the unhappy patients . . . [He] will allow no passionate confinement for trivial offences, being convinced that restraint, without urgent necessity, is injurious to the feelings and exciting to the irritation of patients, and considerably impedes their recovery. The good effects of this mild treatment have done wonders'.

The hospital's two physicians (a second physician was created in 1816 perhaps to mollify the appointment of yet another Monro) were lauded similarly: 'Too much praise cannot be conferred on Dr. [Edward Thomas] Monro for his humane attention and the kind feeling he at all times evinces for the unhappy persons under his care. At every [twice weekly] visit, he orders all his patients to be brought regularly together, when he counts them . . . and inquires of the keepers every particular relating to each'. No less commendation was due to the joint physician Sir George Leman Tuthill (1772–1835), MD Cantab., FRCP, FRS, physician also to the Westminster Hospital 'whose gentlemanly, kind, and humane attentions are ministered . . . with the most invincible patience, or he could not bear the abusive insolence of many refractory subjects'.

These introductory pages were obviously meant to redress Bethlem's reputation (their tone is reminiscent of Bowen's account written in 1783 at the request of the governors) almost as if it were still licking the wounds received in 1815/6. Indeed the abuses revealed then must have remained alive in the public mind for as the apologist himself remarked: 'A circumstance the most surprising is, that there should be a single vacancy . . . when insanity is so prevalent . . . and this appears the more extraordinary, inasmuch as the only qualifications for admission here are insanity and poverty – notwithstanding which, in the month of March in the present year, there were vacancies for no fewer than thirty-eight men and twelve women, about one-fourth the number the building is capable of accommodating'. There follow accounts of 113 male and 28 female inmates including the after histories of Margaret Nicholson and James Hadfield both confined as 'criminal lunatics' for attempting the life of George III. Most descriptions of patients are stereotyped and coarse, as for instance 'this heterogeneous compound of cunning, pride, wit, impudence, boasting, lies, filth, and frenzy'.

FRANCIS WILLIS (1792–1859)

MD Oxon, FRCP, son of Robert Darling Willis (1760–1821), MD Cantab., FRCP, and grandson of the Reverend Dr. Francis Willis who attended George III, owner of Shillingthorpe House near Gretford, Lincolnshire, the asylum founded by his grandfather in 1776

A treatise on mental derangement. Containing the substance of the Gulstonian lectures, for May, MDCCCXXII, 1823 *London, Longman* et al. (pp. xii + 234) pp. 150-2

A second edition 1843

There is a curious discrepancy between how much thought and theory has been devoted to the origins of 'mental derangement' and how little to the processes of cure by which a person who has been 'deranged' recovers reason. This accounts for the many attempts at defining insanity and what constitutes a cure, recovery, remission or 'lucid interval'. Willis maintained that 'no man . . . can be considered sane, until he freely and voluntarily confess his delusions', in other words the patient had not only to lose his overt symptoms and regain socially acceptable behaviour – the criteria of today – but in addition had to have insight and understanding of his illness.

RECOVERY WITH INSIGHT

Many imagine, that when a patient can converse quietly and rationally upon general subjects he is a sane man; hence, this state is sometimes denominated a *lucid interval*; no man, however, can be considered sane, until he freely and voluntarily confesses his delusions. Every physician acquainted with the disorder knows that a patient may be capable of conversing correctly upon many subjects, and even of restraining himself for a time from alluding to that upon which his delusion turns; if, however, this particular subject be accidentally brought to his attention, he will give evident proofs of his derangement. This state is not therefore properly an interval of sanity; for though we see the patient capable of being clear and lucid on many subjects, still, finding him at the same time lost and bewildered on one, he cannot, with any propriety, be deemed in his senses, or of sound mind. This fact, moreover, explains why the experienced physician will never certify to the sanity of any individual, without having frequently examined him in new situations, and under different circumstances; while the inexperienced, through his ignorance of the complaint, often does it in confirmed cases of insanity, because the patient is capable of saying the Lord's prayer, repeating the multiplication-table, or playing a game of whist.

SAMUEL HIBBERT [HIBBERT-WARE] (1782–1848)

MD Edin., FRS Edin., antiquary and geologist of Manchester

Sketches of the philosophy of apparitions; or, an attempt to trace such illusions to their physical causes, 1824 *Edinburgh, Oliver & Boyd* (pp. viii+460) pp. 331-2, 334-9, 362, 371, 375, 384-5

A second edition 1825

Certain striking psychological phenomena have given particular impetus to study of the mind. Of these dreams, the manifestations of delirium, states of altered consciousness and especially 'the subject of apparitions has . . . for centuries, occupied the attention of the learned; but seldom without reference to superstitious speculations. It is time . . . that these illusions should be viewed in a perfectly different light; for . . . they are calculated to throw considerable light upon certain important laws connected with the physiology . . . and . . . pathology of the human mind'. So wrote Hibbert in the preface to the first comprehensive study of the psychological dynamics of hallucinations and delusions.

From the time the English translation of Lavater's *De spectris* appeared in 1572 little new by way of explanation of these phenomena had been offered despite a steady stream of publications. They were simply regarded as products of the imagination, effects of diseased brain action, or evidence of demoniacal influence. In 1655 Casaubon writing on *Enthusiasme* called attention to the pathological conditions and especially epilepsy under which such manifestations appeared. George Fordyce (1736–1802), MD Edin., FRCP, FRS, physician to St Thomas's Hospital, in *A third dissertation on fever*, 1798 gave an account of the symptomatology of febrile deliria. Ferriar in *An essay towards a theory of apparitions*, 1813, attempted a patho-physiological explanation on historical, literary and clinical examples in terms of 'a morbid disposition of the brain' which might be only 'a partial affection . . . without disordering judgment and memory'. John Alderson (1757–1829), MD Aberdeen, physician of Norwich and Hull and to the Hull General Infirmary, in *An essay on apparitions*, 1811 (a 'new' edition 1823) listed a number of pathological conditions such as alcoholic, senile nocturnal, and febrile deliria illustrating 'the operation of the human mind in a state of disease' and thus 'explaining by natural causes, what has hitherto, when believed, been attributed to supernatural agency'. In 1813 Sutton described the manifestations of alcoholic delirium.

Hibbert however set out to show that 'Apparitions are . . . nothing more than ideas or the recollected images of the mind, which have been rendered more vivid

than actual impressions' according to 'some important and definite laws of the mind . . . It is chiefly . . . for the purpose of explaining such laws that this dissertation is written' without any attempt to make it 'the absurd vehicle of a regular system of metaphysics'. He drew on all his predecessors as well as on many other sources including such divers writings as the famous self account of Christopher Friedrich Nicolai (1733–1811) the Berlin bookseller; Sir Humphrey Davy's (1800) observations on hallucinations artificially excited by the inhalation of nitrous oxide during which he 'lost all connexion with external things; trains of vivid visible images rapidly passed through my mind'; Davis's (1806) translation of Pinel's *Traité . . . sur l'aliénation mentale*; and others. The 'view of the mind' he adopted as the basis of his enquiry was that of his teacher 'the late much-lamented Professor of Moral Philosophy in the University of Edinburgh, Dr. [Thomas] Brown'. Hibbert concluded that whatever their exciting cause apparitions, that is illusions and hallucinations, resulted from the recall of forgotten memories which being emotionally charged attained a vividness exceeding that of external sensory impressions. No feelings or ideas he maintained, were ever lost even if forgotten and could be revived into consciousness by an appropriate stimulus: 'past feelings, even should they be those of our earliest moments of infancy . . . are constantly liable to be renovated, though they should not be the object of consciousness . . . According to this view, any past impression of the mind never becomes . . . extinct'. It is surprising to find so early in nineteenth century psychiatry this basic assumption of an unconscious and its relation to conscious mind – the first fruit of Brown's prediction that major contributions to the science of mind would result from 'analysis'.

PHANTASMS: REVIVED UNCONSCIOUS IDEAS

It has been before shewn, that when a number of sensations occur in succession, the repetition of any one of them would recall in their original order, yet in a less vivid state, the feelings by which they were followed. To this law was affixed the usual term of *the association of ideas*. But a question now arises, If ideas, of which we are at any one moment of time totally unconscious, be still liable to recur agreeably to the law of association ? The *hypothetical* answer which I should be disposed to give is this: – that past feelings, even should they be those of our earliest moments of infancy, never cease to be under the operation of this principle, and that they are constantly liable to be renovated, though they should not be the object of consciousness, at the latest period of our life. According to this view, any past impression of the mind never becomes, as it were, extinct. Yet, amidst the incalculable quantity of ideas which are rapidly succeeding to each other, the amount of those that are vivified to such a degree as to be the object of consciousness, must fall far short of the actual number of such, as, from their extreme faintness, are no longer recognised.

After these remarks, I shall advert to another principle of the mind deserving consideration, which is this: *feelings of any particular description or subject are liable to be frequently renovated, and there is a natural tendency*

in the same feelings, on each occasion of their renewal, to become gradually more and more faint . . . upon the repetition of any definite sensation, there is not only a renewal of the past feelings with which this sensation was formerly associated, (their renovation taking place agreeably to their prior order) but that the number of ideas thus renewable may be prolonged to an incalculable extent. I may now add, that the train which is induced only meets with interruption from some new sensation, and with it, from some new succession of renovated feelings. It may therefore be observed, that *there is*, cæteris paribus, *a general tendency in every uninterrupted association of ideas to decrease in vividness, the diminution keeping pace with the extent to which the train is prolonged.*

This law will explain the purport of our next investigation, which relates to such incidents of spectral illusions as are connected with the natural tendency of the ideas that form an associated train to gradually fade, or, in other words, to become more faint. I shall therefore proceed upon the general view, that if a train of ideas be not prematurely interrupted, the close of it will always be found to consist of renovated feelings that are too faint to be the object of consciousness . . .

I shall now suppose, that a cause of mental excitement has commenced its influence upon a sequence of ideas, but not until the train has gradually sunk into a degree of faintness so extreme, as to cease being the object of consciousness . . . the concluding part of this train of renovated feelings is liable to such an excitement, as at length to be the object of consciousness . . . this effect of a mental excitement will meet with a striking illustration, when we connect it with the law to which I have just adverted, namely, that past feelings, even should they be those of our earliest moments of infancy, never cease to be under the influence of the law of association, and that they are constantly liable to be renovated, even to the latest period of our life, although they may be in so faint a state as not to be the object of consciousness. It is evident then, that a cause of mental excitement may so act upon a sequence of such faint feelings, as to render ideas of which the mind had long been previously unconscious, vivid objects of consciousness . . .

With the knowledge of the foregoing fact before us, we shall now imagine, that certain definite ideas are arising in the mind in so vivid a state, that the order of succession in which they formerly occurred as sensible impressions may be distinctly traced. If, then, such ideas are succeeded, no less agreeably to the law of association, by another train, which, having long faded into extreme faintness, are, in the present instance, so morbidly excited as to again become the subject of consciousness, – such revived feelings will appear to arise in a sort of insulated manner, since their original connexion with recognised sensations may have been long since forgotten. Accordingly, this was the case when certain of Nicolai's ideas met with an unexpected renewal of their long-lost vividness: – they appeared to be totally unconnected with the regular

train of his thought. 'I must observe,' says this author, 'that when I either think deeply on a subject, or write attentively, particularly when I have exerted myself for some time, a thought frequently offers itself, which has no connexion with the work before me, and this at times in a manner so lively, that it seems as if expressed in actual words.' We have next to consider, that the faded ideas of Nicolai's mind, when again becoming the subject of consciousness, had acquired such an extreme degree of vividness as to frequently induce the illusions of phantasms; when, therefore, all knowledge was lost of the original sensations that corresponded to such spectral impressions, no wonder that this writer should express himself after the following manner: – 'None of the phantasms of my illness were of known places, objects, or persons.' And, lastly, when the same metaphysician conducted his inquiry on the principle, that no ideas but those of which we are conscious were subject to the law of association, no small share of disappointment could fail to ensue, when he found himself unable to trace the origin of his phantasms to former impressions made in the usual manner upon his senses . . . An apparition is, in a strict sense, a past feeling, renovated with a degree of vividness, equalling, or exceeding, an actual impression. If the renewed feeling should be one of vision, a form may arise perfectly complete; if of sound, a distinct conversation may be heard; or, if of touch, the impression may be no less complete . . . From these remarks it is evident, that in all spectral impressions, the illusion is either increased or diminished in proportion to the force of the emotions it excites . . . when any phantasm has the effect of exciting strong emotions of the mind, the illusion may not only be prolonged, but repeated . . .

It is with reluctance that I quit the notice of other similar cases. But to explain the laws that *give rise* to these illusions is one thing, – to explain the phenomena connected with them when they *do occur*, is another . . . It is, indeed, one of the leading objects of this dissertation to prove, that they are of the greatest importance in explaining the laws of the human mind, as they occur in health, and as they are modified by disease . . . Nicolai's interesting detail of his own case first shewed in what light spectral impressions ought to be considered. Nor can I conclude these researches more appropriately, than by holding out, as a memorable example, the motives which induced this philosopher to examine the mental phenomena under which he laboured, and that enabled him to present them to the world with an accuracy, which must ever recommend his narrative to the attentive consideration of the physiologist and of the metaphysician.

EDWARD SUTLEFFE (*c.*1770–1828)

MRCS, medical practitioner in the city of London

1. *Medical and surgical cases; selected during a practice of thirty-eight years*, 1824 *London, for the author* (pp. 628) pp. 1-6, 9, 440-2

2. *An essay on insanity, or mental aberration*, 1827 *London, for the author* (pp. 16) pp. 7-10

This lively and uninhibited collection of cases seen 'during a practice of thirty-eight years' combined shrewd clinical observation with personal asides on the medical and social scene rather like William Salmon's *Practice of curing diseases* (1694) and Robert Pierce's *Bath Memoirs* (1697). Sutleffe received his medical training in the later 1780's as an apprentice to Dr J. Alderson then practising in Norwich and at the Norwich Hospital; he came to London and attended 'the Borough Hospitals [Guy's and St Thomas's] in the years 1790, 1, and 2' where he was a pupil 'under Dr. William Saunders and others' among whom Henry Cline and Sir Astley Cooper, surgeons, seem to have made the greatest impression on him; ultimately he entered general practice in the City. He attended meetings of the Medical Society of London, became a medical assistant of the Royal Humane Society and 'from its formation . . . a medical agent to the National Vaccine Establishment' where in about 1803 he dined with Edward Jenner and discussed vaccination with him; and saw cases with and related anecdotes of many eminent physicians and surgeons. Early in his career Sutleffe heard 'extraprofessionally' of a new and powerful sedative, the juice of the ground-ivy, and soon gave it to patients with mild and severe mental disturbance or as he preferred to call them cases of 'partial' and 'total eclipse'. The search for the ideal 'tranquillizer' was of course old and many had been empirically discovered and used with much enthusiasm for a time, but later equally mysteriously lost their efficacy and were discarded (it was this 'phenomenon' which made Sir William Osler advise sarcastically that new drugs should be used when they first come out before they cease to act). Sutleffe himself was at first so 'flushed with success' of his 'herbaceous tranquillizer' that he even contemplated specialising in cases of 'mania', but soon 'a few unsuccessful cases checked my confidence'.

It appears that to Sutleffe psychiatry owes the term 'tranquillizer' although the idea was old, as Tryon's (1689) 'stupifactive Medicines' and Blackmore's (1725) 'pacifick Medicines' show. He also recorded as a matter of pride a patient who could not do without her 'composing pills' – a circumstance since become so commonplace as to be no longer thought worthy of notice and certainly not as a recommendation for a drug. In one patient in whom the ground-ivy 'possessed no potency towards her relief', postmortem examination

revealed that 'the internal carotids . . . upon cutting into them, presented minute particles of osseous matter, pretty thickly studded' – an early observation of atheroma at this site and important for showing that mental symptoms may arise from impaired blood supply to the brain. Sutleffe however was content to remark that this finding confirmed his belief 'that when the glecoma hederacea fails . . . it is reasonable to calculate upon the existence of organic disease'.

From his small pamphlet *An essay on insanity* – rather grandly entitled as it dealt only with the effects of ground-ivy – the account of two types of 'neurotic' illness are chosen which are commonly seen today but were rarely mentioned in psychiatric texts in Sutleffe's time. One was a patient who dared not leave his house for fear 'he should not return home alive', the other was unable to cross London Bridge: in each the tranquillizer 'composed' the 'nervous system, and perfectly removed his eclipse'.

TRANQUILLIZER OR COMPOSING PILL

The medical qualities of Ground Ivy are not, I believe, sufficiently known to the medical profession; for although an old and still a popular remedy, it is not admitted into our Pharmacopoeia. I have employed it for more than twenty years in cases of mental aberration, especially in melancholia, with the most advantageous results, and I am therefore disposed to think that it is a highly valuable remedy. It appears to act as a direct sedative. When its operation is salutary, it tranquillizes the patient; and when no organic disease is present, while the affection seems to depend on some incidental or temporary cause of excitement, I am not often disappointed in my expectations of a favourable termination of the malady under its use. The mode in which I have generally directed it to be employed, is, a wine-glass full of the fresh expressed juice twice or thrice a-day: in cases in which this could not be procured, I have ordered a proportionate quantity of the extract . . . My object in making the preceding brief observations, is to draw the attention of other practitioners to this remedy, and to extend, beyond the circle of my own private practice, the benefits that may be derived from it.

When I invited the attention of the medical world by introducing this herbaceous tranquillizer to their notice in No. 247 of the London Medical and Physical Journal, I was asked by what means I became acquainted with its efficacy? I replied, that about the commencement of my practice, a young lady, just entered into 'bonds which are honourable in all', became suddenly incoherent, and, finally, a raving maniac. The amiable parties, on each side, were absorbed in dutiful and persevering attention. Dr. Monro's well-known skill was exercised for several months in vain. All the routine of medical measures made not the slightest impression: rural and marine scenery were equally inefficacious. It was hoped by us all that death would close the scene, as the patient, so long as she was sane, had her mind seriously imbued with Christian principles; – but God is wiser than man. It was at this period that the juice of ground ivy was extra-

professionally proposed. Upon being consulted, which appeared to be a necessary preliminary, I felt quite disposed to gratify the anxious circle, upon the principle of withholding the use of no means of relief which might be presented to our view. This medicine became now our sheet anchor; for though, upon forcing down the first wine-glassful, no impression was made, yet the second dose being taken with less reluctance, operated slightly in procuring sleep; and the third secured some hours of sound repose. A continuation of a daily dose for eight or ten more periods, was ultimately successful in freeing my patient from all maniacal or even incoherent symptoms. A gradual recognition of the parties was permitted, and for fifteen years there never appeared the slightest degree of aberration . . .

From the number of cases now pouring in upon me, I soon had an opportunity of judging and appreciating the real merit of this herb. Flushed with success, I thought of directing my attention to this class of sufferers only; until a few unsuccessful cases checked my confidence. About this time I had an urgent message to attend the Duchess of Chandos, who had been *non compos*, from the deplored death of the Duke, her husband, (so very happily some great people live!) but whose insane intervals were only discoverable when she was contradicted. During this period also, our late beloved King George III, of scripturally pious and blessed memory, laboured under a paroxysm which required the constant attendance of the late Dr. Reynolds, of Bedford-square. I took the liberty of calling upon him, so sanguine and patriotic were my feelings. I mentioned it also at a subsequent period to Dr. Simmonds, of Poland-street, with whom I had a long discussion upon the nature and treatment of maniacal patients; the late King being under his care at that time. Mr. Cline, on that occasion, gave me his advice with his accustomed urbanity . . .

Miss —, of Cheapside, a very accomplished young lady, being used most treacherously by a wretch of a lover, was seized in consequence by hysteria, sleepless nights, and a slight degree of aberration. For the relief of these distressing and alarming symptoms, no palliative was found so successful as the extract. So recently as last month she expressed a wish that I would not leave her destitute of her composing pills. My inquiry was, whether the relief was imaginary or real? Oh! she added, I sleep so well, and awake so refreshed, that I cannot do without them . . .

Mrs. B–, the wife of a builder, in Finsbury, was an inmate at St. Luke's, where she remained a considerable time amongst the worst of incurables. The husband by some means had gained information of the success which I had met with in mania, and suggested to the master and mistress of that establishment the proposal of trying the glecoma. They rejected the idea most indignantly, and bitter altercation followed: in which they almost charged the obstinate husband with the disease of his wife, who had been long under the constant attentions of Dr. Simmonds; adding, that she

would be refused admission at any future period. Mr. B– was *insane* enough, however, to remove her, and I attended her at Hoxton. During my visits (thrice in a week) I was at first almost discouraged. The furor of the maniac was more than human: the language of blasphemy and indecency, directed my thoughts to the abodes of misery beneath. I even seemed to hear her ravings for some time after I had quitted the apartment. We insisted upon her swallowing the expressed juice of the glecoma, and in six weeks (the longest period I ever endured the trial with any patient) she returned to her residence in Finsbury, became both a steady wife and a careful mother; and, as far as I ever heard, has had no relapse . . .

Miss R—, of Fleet Street, for several months exhibited unusual eccentricity, which was succeeded by indisputable aberration of mind. The subject of imaginary solicitude was reported to be religion (God's infallible remedy for every description of sensual madness.) Every expedient for relief was resorted to which relative or Christian kindness could dictate, when the discouraged parties called upon me. At the first interview the patient eyed me with profound suspicion. I smiled, and chucked her under the chin (a familiarity for which I have had a slap on the face.) She did not, however, meet the intimacy readily; nor could we persuade her to be still: she would be incessantly walking about. I could scarcely feel the pulse, which was feeble. Her whole lamentation was, that she and all the world would perish. To have disputed the maniacal point would have been fruitless; as soon, however, as I could get a hearing, in order to test the subject and the object at once, I looked sternly at her, and asked, 'Are you a sinner?' 'No!' was the reply. 'Did you ever hear of Christ, the Saviour?' 'I never saw him'. Then, addressing myself to Mrs. W—, her sister, I asked, 'Do you read the Scriptures to her?' 'No!' 'Does she show a desire to pray?' 'No!' I commenced the treatment with Extr. Glecom. Hederac. and shortly she was able to sleep four hours during the night . . . The symptoms continued obstinate until the end of two months, when she became more calm, allowing the indulgence of immunity from the useful and necessary waistcoat. She will almost shake hands with me, but until it becomes a voluntary act, I shall not pronounce her *compos mentis*.

During my attendance on this delicate lady, as in many preceding instances, I was struck with the absurd reasoning of Dr. Saunders – that gigantic genius on many subjects, who was accustomed to urge the utility of unqualified brutal force; because, forsooth, the party being destitute of reason, cannot be reasoned with. Thus his plodding pupils were stocked with very deficient information on the treatment of mania. So contrary is the fact, that even during a total eclipse, (I prefer that term to any other,) when the patient is raving and destructively violent, on a return to ratiocination there will be so retentive a memory respecting insulting humiliations, detailing offensive particulars, minutely repeating them with such orderly correctness (and injuries inflicted under such a state of mind are

not easily forgotten or forgiven) as has perfectly surprised me.

Highly Nervous Irritation

A professional character, formerly indulging in the excitements of the military circle, (a bad school for morals and mental culture,) became a victim to muscular lassitude and nervous irritation of a peculiar order. He had passed through all the routine of restoratives which medical science could devise, leaving him, however, a sufferer in the head, obliging him to be a 'keeper at home'. Accident put him in possession of a volume of 'Medical Cases'; leisure and opportunity enabled him to peruse the contents; the author was sent for, who relied upon the efficacy of Glecoma, in the extract and juice; there was superadded a domestic shower-bath. The beneficial effects of the ground-ivy were quickly recognised; and in six weeks he was more 'himself again', than he had been during the long period of four preceding years. I found this gentleman labouring under a diseased infatuation, that if he dared to venture out of his house he should not return home alive. No reasoning was available. After taking the ground-ivy for two weeks, he observed, 'I wish I had known you before; I never received such sensible improvement in my head and general feelings under any medicine till now'. He could venture out without fear, first in a coach, then on foot, with his usual agility. The recovery appears so complete, as to leave no vestige even of common eccentricity . . .

I had another gentleman also under my care a few years ago, whose diseased conceit was, that he should not survive if he passed over London Bridge . . . He also had sought relief from several practitioners . . . but without the least relief: he took the ground-ivy, which composed his nervous system, and perfectly removed his eclipse; and, and as far as I know, he has had no return since.

SIR ALEXANDER MORISON (1779–1866)

MD Edin., Fellow and President Royal College of Physicians of Edinburgh, FRCP Lond., inspecting physician of the private madhouses in Surrey; consulting physician to Bethlem Hospital 1835–53; to Middlesex County Asylum Hanwell from 1832 and Surrey County Asylum Springfield from 1841

1. *Outlines of lectures on mental diseases*, 1825 *Edinburgh, Lizars* (pp. 72) pp. 3-5, 7-10
   A fifth edition appeared 1856 edited by T. C. Morison
2. *The physiognomy of mental diseases*, 1838 *London* [*no publisher*] (pp. 290+vi) pp. 157-8
   Other editions 1840, 1843

Without special inclination to or much experience of insanity but ambitious and well connected Morison came to be regarded as an authority on mental diseases at a time when the subject was very much on the ascendant. Details of this development were recorded in his diary from which FIG. 150 shows a page describing part of his visit to Esquirol in Paris in 1817. The insanity of George III, the revelations of the Parliamentary Committees 1815/6 and 1827, the introduction of new legislation, the recurrent discovery of abuses and scandals in private madhouses, all helped to bring the insane to public notice, and the demand for physicians grew as old lunatic hospitals were reorganised and new asylums opened. Recognising the need for training specialists Morison in 1823 began an annual course of lectures in London and Edinburgh, for long the only ones yet poorly attended (scarcely 'one hundred and fifty . . . gentlemen' in twenty years) and in 1825 published his *Outlines of lectures*: their syllabus given in the first extract shows the ground he covered. How rapidly the subject was expanding at this time is indicated by the fact that the fourth edition of 1848 had grown to a textbook of 495 pages.

To Morison therefore belongs the credit of instituting the first formal lectures on psychiatry (he also started the first course of lectures for mental nurses at Springfield in 1844). In 1823 he petitioned Edinburgh University that his private lectures there 'might be attached to the course of study of the medical students' with the result that as early as 1826 serious discussion took place whether 'there should be a professorship of Mental Diseases' (*A paper, suggesting the . . . study of . . . mental diseases, as forming part of the curriculum of medical education*, 1844 [see FIG. 154]). It was doubtless Morison's energetic example which led St Luke's Hospital to reopen its doors for clinical instruction in 1843, a facility which had been granted to William Battie in 1753 but was later allowed to lapse and rescinded in 1811. Bethlem Hospital also admitted a few pupils for the first time in its history in 1843 against strong opposition but at the insistence of John Webster, MD Berlin, FRCP, FRS, an active and

CASES

OF

MENTAL DISEASE,

WITH

PRACTICAL OBSERVATIONS

ON

THE MEDICAL TREATMENT.

FOR THE USE OF STUDENTS.

BY

ALEXANDER MORISON, M.D.

PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH;
MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON;
LECTURER ON MENTAL DISEASES, &c.

LONGMAN & CO. AND S. HIGHLEY, LONDON; AND
MACLACHLAN & STEWART, EDINBURGH.

MDCCCXXVIII.

FIG. 153 Title-page of Sir Alexander Morison's *Cases of mental disease . . . For the use of students*, 1828.

progressive governor (regular twice yearly courses lasting four months were instituted in 1848). One year before in 1842 John Conolly who believed that every mental hospital should provide practical instruction in mental diseases gave the first systematic course of clinical lectures at Hanwell. The fact that clinical teaching of psychiatry started so late and on so modest a scale more than a century after it had become the accepted method of teaching medicine (the origins of which go back to the sixteenth century) may go a long way to account for its backward state even today.

Also to further psychiatric studies Morison founded in 1842 the Society for Improving the Condition of the Insane which awarded annual prizes to doctors for essays 'on subjects connected with insanity' and to male and female attendants for 'good conduct and humanity to those under their care' [see Johnson, 1843, one of the earliest recipients]. The second extract is from the book which Morison published to illustrate his lectures. It consisted of 108 plates of insane patients and was the first English atlas of the physiognomy of the insane. In it five patients are illustrated diagnosed as 'monomania with unnatural propensity' – in a less squeamish age called homosexuality – which gave Morison the

opportunity of mentioning this subject in an English psychiatric text. He also published *Cases of mental disease . . . for the use of students*, 1828 [see FIG. 153] from which FIGS. 117 and 118 illustrate 'the Douche' and 'a Rotatory Machine'. Finally with the help of friends he endowed in 1864 the Morison Lectureship on some subject connected with insanity which is still awarded by the Royal College of Physicians of Edinburgh.

A PAPER,

SUGGESTING THE PROPRIETY OF THE

STUDY OF THE NATURE, CAUSES, & TREATMENT

OF

MENTAL DISEASES,

AS

FORMING PART OF THE CURRICULUM OF MEDICAL EDUCATION.

READ BEFORE

THE SOCIETY FOR IMPROVING THE CONDITION

OF

THE INSANE.

President—THE RIGHT HON.

THE EARL OF SHAFTESBURY.

BY

SIR A. MORISON, M.D.

London:

GEORGE ODELL, PRINTER, 18, PRINCES STREET, CAVENDISH SQUARE.

1844.

FIG. 154 Paper read by Morison before the Society for Improving the Condition of the Insane suggesting that mental diseases should be included in the medical curriculum, 1844.

LECTURES ON PSYCHIATRY

In consequence of the favourable reception of the Heads of Lectures circulated on the institution of the Mental Disease Lectureship in 1823, and the wishes of those who have attended the two courses since delivered, the following Outlines are respectfully submitted to the public.

It will be readily admitted, that mental disorders claim our utmost

efforts to relieve them, both on account of their importance and their frequency, and that they are fully entitled to be treated of in a distinct course of lectures expressly devoted to their consideration; for a knowledge of them is indispensable, not only to the practitioner more immediately engaged in the treatment of diseases of the mind, but also to every one who is called upon to give a certificate of the mental condition of his patient; and it is much to be wished that the signs of approaching derangement might be well understood by every medical student, since he may have it in his power not only to prevent suicide, to which so many valuable members of society have fallen victims, but by early attention to the incipient stage of insanity, he may sometimes be enabled to arrest its farther progress.

The subject of mental derangement is generally allowed to be the most difficult branch of medical science; at the same time it must be admitted, that much may be done to improve our knowledge of it, and that too little attention has hitherto been paid to mental disease in the education of those destined for the medical profession.

Outlines of Lectures

Importance of the subject to medical practitioners in general. Mental diseases, being numerous and varied, requiring the combined influence of medical and moral management, demand, for their consideration, a distinct course of lectures.

Plan of the Course

The Brain and Nervous System, the Organ of Intelligence.
The Faculties of the Mind, divided into those of the Understanding, and those of the Will.
The Insane State in general.
The nosological divisions. The order of the phenomena of insanity. The incipient stage. The active stage. The decline and convalescence. The incurable state. The deviations from the ordinary course. The prognosis. The causes. The appearances on dissection. The moral management. The medical treatment. The management of incurable insane and idiots.
The subject of Delusions or Hallucinations.
Disorders of the Passions.
Disorders of the faculty of Attention.
Disorders occurring in the state of Sleep.
Imbecility of Mind.
Counterfeited Insanity.
Medical Jurisprudence of the Insane State.
Opinions of the Ancients on the nature of Insanity, and their mode of Treatment.
Foundation of Hospitals for the reception of the Insane.

Is a variety of partial insanity, the principal feature of which is an irresistible propensity to the crime against nature. This offence is so generally abhorred, that in treatises upon law it is termed '*peccatum illud horribile inter christianos non nominandum*', the punishment of which is death, formerly rendered more dreadful by burning or burying alive the offender. Being of so detestable a character, it is a consolation to know that it is sometimes the consequence of insanity; it is, however, a melancholy truth, that the offence has been committed in christian countries, by persons in full possession of their reason and capable of controuling their actions, and it is said to be still more prevalent in countries where the purifying and restraining influence of the christian religion does not prevail, but that it is not in all cases the result of moral depravity there can be no doubt; monomania with unnatural lust is a well marked variety of insanity of not unfrequent occurrence; I have met with ten cases at least, in which it was the effect of cerebral disease.

It is stated by Blackstone, in his Commentaries upon the Laws of England, when treating of this offence, 'that being from its nature easily charged, and the negative difficult to be proved, the evidence should be plain and satisfactory in the proportion as the crime is detestable'; it may be added to this caution that where the offence becomes the subject of criminal investigation, the jury ought to be fully assured whether or not the offender was in possession of his reason and power of self controul; the propriety of this is evident, when we consider the circumstances of some of those who have been accused of this offence, in regard to rank, wealth and talents; for instance, a nobleman of high rank, rich in fortune, family and friends, sacrifices all these blessings and herds with the vilest of the vile; a clergyman, eminent for eloquence, and high in the confidence of his fellow citizens, sacrifices his reputation and his means of living, by betraying the trust reposed in him, and abusing youths committed to his charge, – cases of actual occurrence; in such cases we have reason to suspect that disease in the brain may have led to the perpetration of the crime; in the greater number of cases that I have seen, the existence of this disease was rendered more certain by other marks of disordered mind being combined with the unnatural propensity. In one case insane ideas of grandeur, in another melancholy with attempts of self-destruction were combined with it, and in a third case, that of a minister of the gospel, he had so little controul over himself that he frequently laughed in the midst of a serious discourse delivered from the pulpit. The treatment of this variety differs little from that generally employed in cases of insanity – of nine cases I have known two cured. Camphor in large doses has been employed with advantage.

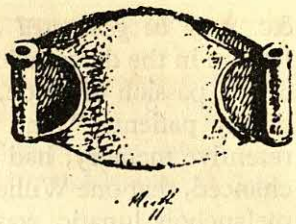
PAUL SLADE KNIGHT (1785–1846)

MD St Andrews, MRCS, naval surgeon, subsequently manager, treasurer, medical superintendent and surgeon, Lancaster County Lunatic Asylum 1816–1824

Observations on the causes, symptoms, and treatment of derangement of the mind, founded on an extensive moral and medical practice in the treatment of lunatics, 1827 *London, Longman* et al. (pp. viii + 167) pp. vi-vii, 32, 23-5

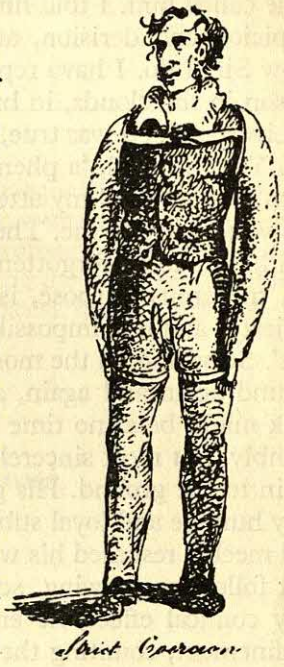
A number of authors achieved a place in the history of psychiatry not so much for what but when they wrote. One of these was Knight whose *Observations on . . . derangement of the mind* happened to be the first book by the medical superintendent of one of the new county asylums established under the Act of 1808. The fact that he was also the first to be dismissed for embezzling asylum property after which he retired into the obscurity of general practice in Dorset is mentioned only to complete his history. The book itself was based 'on the notes and observations . . . of a personal examination of the Symptoms of Insanity, in the cases of about seven hundred lunatics . . . which examinations were carefully made, and very frequently repeated'. It contained the first report of the effect of music performed by a hired fiddler on an assemblage of patients [see Brocklesby 1749]; and the first allusion to a psychiatric investigation conducted with the help of questionnaires – 'printed queries' – sent to doctors and relatives of patients. Knight's object was to discover how often 'moral' causes that is 'Religion and the Passions' as opposed to 'physical' were responsible for his patients' insanity. He found that 'of nearly seven hundred insane patients, the malady of only one was ascertained to be undoubtedly the effect of a moral cause'. In all the others his inquiries revealed 'an aberration of intellect, long before the excitement of a religious, or moral cause, gave it [the illness] an impulse, and a decided character'. He concluded that 'an over zeal for religion, or a violent excitement of some one of the passions, is frequently the inevitable result of the corporeal affections, by which . . . the mind is constantly influenced' and therefore a manifestation rather than a cause of insanity. 'I have no hesitation to declare . . . that in every case of deranged intellect the disease proceeds immediately from corporeal disorder, and . . . that the structures of various human frames differ greatly in the susceptibility of this influence on the intellect; but in what this susceptibility consists, I am quite ignorant'. In conformity with this theory he advised that the 'medical practitioner' should not rely 'on the statements, either of the patient or his friends, but by manual examination he should ascertain, if there is any local cause . . . or constitutional irritation'. Interestingly the charge that physical examination of patients is often neglected is still raised against psychiatrists; and they still have to contend though in diminishing degree with being 'placed in the lowest cast of the

medical profession'. It is paradoxical that Knight who was so physical in his outlook should record a case of transformation of delusions, a form of *folie à deux* later called *folie transformée*. This amusing story is complementary to that from the Glasgow Asylum (1819) and shows equally neatly the influence of mind on mind whether sane or insane.



PSYCHIATRY STILL UNDERVALUED

The great difficulty and obscurity that yet impede and hang over the rational treatment of the insane, I doubt not will some day be in a considerable degree removed; and I firmly believe they would have been comparatively dissipated, had the professional body given its mind to investigate this disorder with the same honourable zeal, which it has evinced in investigating others. But, till of late, a strange apathy has possessed the great mass of the medical profession on this subject; and even now, he who devotes his talent to its investigation and treatment, seems to be occupied in a pursuit of doubtful reputation; and to be placed in the lowest cast of the medical profession. Strange that the judicious exercise of a branch of the profession which requires for the due performance of its duties all the best qualities of the head and of the heart, and information the most extensive, should be thus undervalued.



FOLIE TRANSFORMÉE

Insanity, like some other diseases, may have for its origin a moral, or a physical cause; either an affection of the mind, or a disorder of the body. The moral impulses, however, very rarely produce insanity . . . I am well aware, however, that by injudicious treatment, some particular passions, as anger, fear, love, pride, fury, at a particular word, or gesture, sound or name,

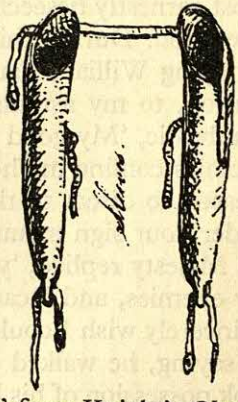


FIG. 155 Instruments of restraint: 'Muff' and 'Sleeves' from Knight's *Observations on . . . derangement of the mind*, 1827, made according to his design by 'Mr. Cornthwaite, saddler of Lancaster'.

&c. *may be generated and cherished*, so as to become a predominant feature in the deranged intellect. I once witnessed a very whimsical origin of the passion of pride, which bears immediately on this question. One of my patients, Wm. Y. who, on general subjects, possessed a most retentive memory, had forgotten that this is not the age of miracles. It chanced, that one William Faulkner, a quiet, inoffensive, meek and rather melancholy lunatic, was placed in the same range of apartments with Y. who took an early opportunity to question me respecting this *personage*, as he called him. I told him all I knew about Faulkner. He eyed me with suspicion and derision, and after a short pause he said, 'If you don't know Sir, I do. I have repeatedly told you, that I had seen his Majesty's person in the clouds, in broad day-light, when I was walking the streets of Liverpool'. (It was true, he had repeatedly mentioned this.) 'Of course', Mr. Y. continued, 'a phenomenon so extraordinary excited my astonishment, and aroused my attention. I now understand, wherefore this vision was vouchsafed to me. The features were too strongly impressed upon my mind, ever to be forgotten; and this personage, who, for some diabolical and traiterous purpose, is called William Faulkner, is no less than his Majesty; and it is impossible, Sir, but that you must be well aware of the fact'. So saying, in the most respectful and distant manner, bowing to the ground again and again, as he approached, and sidling round, that his back might be at no time towards *the presence*, he greeted W. F. with 'I humbly, but most sincerely hope, your gracious Majesty is well', bowing again to the ground. His gracious Majesty cast a look of curiosity at his very humble and loyal subject, regarded him a moment, and then quietly and meekly resumed his walk. His subject, however, had a suit to prefer; and following, bowing, scraping, and sidling round, which produced a very comical effect, he entered on the history of his cruel and unjust confinement, counting the weeks, days, and even the hours he had been confined, which he could always do, and concluding, by most humbly, but most earnestly beseeching, that his Majesty would peremptorily order his liberation. During this address, which was well spoken, I observed the drooping William Faulkner gradually draw himself up, and at the conclusion, to my astonishment, he replied, with an air of dignity, rather bombastic, 'My good fellow, I am sorry I can be of no use to you – my enemies confine me here'. – 'But if your gracious Majesty would be only pleased to direct to this person,' pointing to myself,' 'your royal order, under your sign manual, the gates would at once fly open'. – 'My man', his Majesty replied, 'you are mistaken: I am, I tell you, confined here by my enemies, and I cannot at present, in this place, command any thing. I sincerely wish I could help you, but I assure you, it is out of my power': so saying, he walked off, with all the air and dignity imaginable; pride took possession of his breast, and to the day of his death, he called himself a king.

GEORGE MAN[N] BURROWS (1771–1846)

MRCS, LSA, MD St Andrews, FRCP, specialist in insanity, owner of a private asylum in Chelsea from 1814 and later of the Retreat, Clapham 1823–43

Commentaries on the causes, forms, symptoms, and treatment, moral and medical, of insanity, 1828 *London, Underwood* (pp. xv+716) pp. 77-82, 177-9

Burrows used the preface of his book to apologise for it for two unusual reasons: first because 'a great book is a great evil' (on which account he need not have had qualms since there had been bulkier psychiatric treatises before like Arnold's 1782/6); second for the delay of ten years after issuing the 'proposal to publish' it 'by subscription', for which he gave the novel excuse that 'a thief stole my

COMMENTARIES

ON THE

CAUSES, FORMS, SYMPTOMS,

AND

TREATMENT,

MORAL AND MEDICAL,

OF

INSANITY.

BY GEORGE MAN BURROWS, M.D.

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON,

ETC. ETC.

LONDON:

THOMAS AND GEORGE UNDERWOOD.

M.DCCC.XXVIII.

FIG. 156 Title-page of G. M. Burrows' *Commentaries . . .*, 1828.

porte-feuille, containing all my memoranda, extracts, remarks, &c.' and he had had to start all over again. Although not a 'System of Insanity – a task which no one seems to have accomplished' contemporary reviewers rated it 'the most elaborate and complete treatise . . . in the English language'; it was reprinted in America and translated into German and a second edition was preparing but never finished. The book brought fame and 'the frequent introduction of foreign physicians . . . who were commissioned by their respective governments to inspect the hospitals for the insane in England', and fortune in 'a rapid increase in consultation practice . . . and a simultaneous influx of private patients to the Retreat at Clapham' (Sir George Burrows' *Memoir* (1846) of his father).

Burrows started medicine at the age of sixteen as a surgeon's apprentice; became a general practitioner in Bloomsbury for a dozen years; in 1812 helped to found and became chairman of the Association of Apothecaries and Surgeon-Apothecaries (of which James Parkinson was also a prominent member) which was responsible for the 'Apothecaries Act' of 1815 by which 'general practitioners' achieved medical and legal status and a qualifying examination conducted by the Society of Apothecaries. From 1815 he devoted himself entirely 'to the treatment of insanity'.

In 1817 he published *Cursory remarks on a Bill now in the House of Peers for regulating of mad-houses*, and in 1820 *An inquiry into certain errors relative to insanity; and their consequences; physical, moral, and civil* in which he attempted by country wide survey to answer such questions as 'Is Insanity curable – and in what proportion?', 'Is Insanity as susceptible to Cure as other Maladies?' and 'Is Insanity an increasing Malady?' [see Brigham 1832]. In 1828 he gave evidence before the Select Committee of the House of Lords 'To whom were referred the Bill intituled "An Act to regulate the Care and Treatment of Insane Persons" ' etc. to which he submitted statistics of cures in various institutions, a plan for a body of commissioners and medical inspectors to license, visit and supervise madhouses on a national scale, and remarks on the utility of religious nstruction of lunatics.

Burrows was in close touch with psychiatric developments in France through personal contacts made on visits to establishments for lunatics in and around Paris in 1817 and 1822, and accordingly was the first in this country to report the work of Bayle (1822, 1826) and Calmeil (1826) in which Morgagni's (1761) method of correlating clinical signs with pathological findings bore its first and most important fruit in psychiatry in the discovery and delineation of general paralysis of the insane. This epoch-making event came as the culmination of a number of developments. First the growing interest in insanity and the stimulus of Esquirol brought a new spirit of detailed observation and case recording in line with that in contemporary medicine, and attempts to break down the ancient divisions of 'madness' (mania, melancholia, dementia) into more precise and homogeneous clinical groups. Second the birth of the mental hospital made it possible to observe the insane for long periods including those in whom mental illness was complicated by 'epilepsy, convulsions and paralysis' (these had been specifically excluded from charitable asylums like Bethlem and St Luke's who limited admissions to curable cases, because they were known greatly to worsen the chances of recovery: 'Paralysis, hemiplegia, and diseases of this class supervening, may be reckoned among the unfavourable occur-

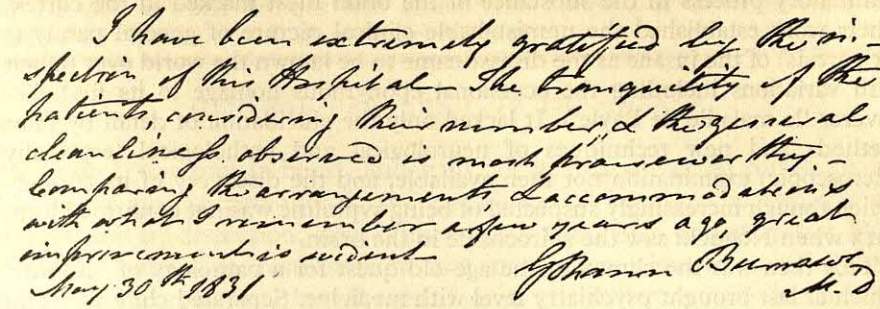

I have been extremely gratified by the inspection of this Hospital. The tranquility of the patients, considering their number, & the general cleanliness observed is much praiseworthy. — Comparing the arrangements & accommodations with what I remember a few years ago, great improvements is evident.
May 30th 1831
G Harrison Burrows M.D

FIG. 157 G. M. Burrows' entry in the St. Luke's Hospital Visitors Book, 1831 (*St. Luke's Hospital*).

rences' wrote Cox, 'in these cases . . . the unhappy patient too frequently sinks into fatuity, a state which does not admit of even a ray of hope'). Third the rise of the new pathological anatomy or 'organ pathology' (stimulated also by the vision of the phrenological doctrine that specific psychological disturbances were due to lesions of specific organs in the brain) encouraged large scale post-mortem studies of the organ of mind, for which Morgagni had cleared the ground by disposing of the many artefacts, coincidental and indeed normal postmortem findings which had been considered causes of insanity. In fact by the end of the eighteenth century reports of thickening of the meninges, cortical atrophy, enlargement of the ventricles, hemorrhages and softening in the brain itself, diseased arteries supplying it and so on, had become frequent and some like Marshal and Haslam stated that 'madness' was 'always . . . connected with disease of the brain and of its membranes'. Others stimulated to opposition like Crowther held that 'the cause of insanity did not consist in diseased affection of the brain'. Such pathogenetic generalisations whether somatic or psychological abound in the history of psychiatry and often marred its progress even when in the particular case they were correct. In this instance they were in fact without foundation on either side since 'madness' was not a clinical entity but a medley of heterogenous conditions having in common socially incapacitating mental symptoms; therefore it was as unrealistic to expect uniform pathology as all cases to be without. Even Burrows felt constrained to warn 'that extraordinary facilities for morbid examination sometimes tend more to encourage speculative theories than to advance truth'.

It remained for Antoine Laurent Jessé Bayle (1799–1858), intern at Charenton under Royer-Collard in his inaugural thesis for the Paris MD *Recherches sur l'arachnitis chronique*, 1822 to take the decisive step of correlating the mental symptoms of a progressive dementia with the concomitant march of paralytic manifestations and to show that these two orders of psychological and neurological phenomena were symptomatic of a single pathological process, namely chronic inflammation of the meninges covering the brain and involving its outer grey layer. Four years later appeared his *Traité des maladies du cerveau et de ses membranes*, 1826 and Louis Florentin Calmeil's (1798–1895) complementary *De la paralysie considérée chez les aliénés, recherches faites dans le service de feu M. Royer-Collard et de M. Esquirol*, 1826 who attributed it to a chronic in-

flammatory process in the substance of the brain most marked in the cortex. Their work established the unmistakable clinical picture of general paralysis (or paresis) of the insane as the disease came to be known the world over (albeit with variations including the occasional eponymous homage to its first discoverer 'la maladie de Bayle'). It lacked only the elucidation of detail by finer methods and new techniques of neurological and pathological (especially microscopic) examination not then available, and the discovery of its etiology which though increasingly suspected of being syphilitic was not confirmed until 1913 when Noguchi saw the spirochaete in the brain.

This then was the climax of the age-old quest for a pathology of 'insanity' which at last brought psychiatry level with medicine. Separated clinically from the medley of chronic manias and dementias by its characteristic psychotic symptoms, from neurological disorders in general by the characteristic progression of its paralytic symptoms, and from other brain lesions by specific neuropathological findings, there was established a 'mental' illness with distinct clinical features and course based on a specific pathological process (ultimately traced to a specific cause and proved amenable to specific treatment). Because its symptomatology overlapped the fields of psychiatry and medicine and focused attention on the pathology of the nervous system, the discovery of GPI played an important part in making psychiatrists and physicians interested in nervous diseases (the three commonest symptoms of which – epilepsy, paralysis and dementia – it displayed) and from this combination neurology eventually emerged as a specialty of its own.

The more to the credit of Burrows that unlike many of his contemporaries he recognised that this was a newly discovered disease, not a chance mixture of mental and physical symptoms due to brain disease of the kind observed by Thomas Willis in the seventeenth century, nor simply a complication of chronic insanity nor an accidental finding in patients with grandiose delusions as reported by Perfect and with postmortem appearances by Haslam in the eighteenth century, nor merely an extension of the well known fact stressed by Esquirol in the nineteenth that insanity complicated by paralysis was incurable and usually fatal. Whether it really was new and a development in the history of 'syphilised' man or previously overlooked remains a matter of historical and epidemiological dispute. As Bayle wrote 'My design in publishing these observations was to throw some light on the nature of mental maladies by making known a species of symptomatic insanity due to chronic arachnitis until now confused with essential [idiopathic] insanity'.

This was the first breakthrough in neuro-psychiatric research and gave psychiatry the spur to precise and systematic clinical, pathological and statistical investigation on which it developed its own methodology and techniques and applied scientific advances in other fields to its own problems – quite apart from the impulse it gave to neurology. In miniature this is illustrated by the fact that as early as 1852 Sir John Charles Bucknill at the Devon County Lunatic Asylum experimented by comparing the responses to galvanic stimulation of muscles of patients suffering 'from dementia without paralysis, from ordinary paralysis, and from dementia with general paralysis'. Not surprisingly GPI became the apotheosis of mental illness which shaped the course of psychiatric thinking and research to the present day and became the model – perhaps the mirage – on which attempts were made to find analogous conditions

and establish other entities like Kraepelin's concept of dementia praecox fashioned on the lines of 'dementia paralytica'.

GENERAL PARALYSIS OF THE INSANE

In France, anatomists boast, and truly, of having dissected hundreds of bodies of insane persons. If the pathology of insanity be capable of elucidation by dissection, we might expect it from such opportunities. But nothing conclusive results from the numerous dissections of Pinel, Esquirol, Georget, &c., though men of unquestionable talents and industry. Recently, however, some pathologists, who have pursued the same course of anatomical investigation, affirm that they have discovered a positive and undeviating connexion between certain delusions of the mind and well-defined morbid conditions of the encephalon. Attaching to these statements all the importance of discoveries, they have founded on them a new theory of the causes of insanity.

Of this doctrine I shall take a very brief notice. Dr. Bayle (*Traité des maladies du cerveau et de ses membranes*, 1826, Paris), whose opinions have priority, maintains, that mental derangement, in a majority of cases, is the result of positive chronic inflammation of the membranes of the brain. He describes two kinds of inflammation, each having perfectly distinct anatomical characters and symptoms; the former he denominates chronic or latent *arachnitis*, because it principally has its seat in the arachnoid; and the latter, *chronic meningitis*, because it conjointly affects the pia mater as well as the arachnoid membrane. The latter affection, he asserts, is so uniformly attended with incomplete paralysis, that of 1453 cases of mental alienation, a fifteenth of the men, and a twenty-eighth of the women, were affected with this symptom.

This author is confident that he is able, not only to connect specific symptoms of mental disorder with specific morbid conditions of the encephalon, with which there is a uniform correspondence, – but also to shew, that in a great proportion of cases, the commencement of the mental disturbance is to be imputed to a chronic disease of the membranes – of which he describes the forms, stages, and complications, and to which the different stages of cerebral disease, and those of intellectual disorder, clearly belong. He describes chronic meningitis as a particular and essential disease, entirely distinct from acute meningitis; but it may, he says, proceed from the latter state, if it be susceptible of putting on this form. The name *chronic* indicates only the slowness of its progress and its duration, which is ordinarily long, and does not express the mode of its origin. The physical symptoms which the author describes as ushering in this disorder, or which accompany it throughout, do not materially differ from those of other forms of mania, except a slight embarrassment of speech, a hesitation and slowness in the pronunciation of particular words, and sometimes even a slight degree of stammering; and this is precursory

to the mental affection. A difficulty in the motion of the lower extremities is also sometimes remarked.

The mental character of this peculiar form of insanity is a prevalence of *ambitious* ideas. Bayle conceives he could always discover in the morbid examinations a degree of injection of the pia mater proportionate to the degree of ambitious delirium which the patients evinced. He further remarks, that there is a striking analogy between drunkenness, in which there exists evident signs of irritation and transient congestions of the brain, with that alienation occasioned by chronic meningitis. Drunken men have their speech embarrassed, and pronounce slowly and with stammering; their walk is unsteady and vacillating, and they describe zigzags in walking; they are ordinarily exalted, and talk without ceasing; their ideas are disturbed and incoherent; – but that which is very remarkable is, that their ideas are always gay and joyous, and constitute very often, though in a much weaker degree than in inflammation of the membranes, a true *ambitious* delirium. He concludes, that the kind of mental alienation he has described is the effect of the irritation or inflammation of the grey substance of the brain, which immediately deranges its functions. This irritation and this inflammation are in their turn direct results of a chronic inflammation of the membranes, which commences on their internal or cerebral face. Of one hundred dissections of the brain, he did not meet with a single exception, he says, to the diseased appearances which are connected with the symptoms of this form of mental disorder.

Contemporaneous with Bayle's work is another from the same school, by Dr. L. F. Calmeil, on Paralysis, as it appears in lunatics (*De la paralysie considérée chez les aliénés*, 1826, Paris). . . Unquestionably, the pathology of cerebral affections is greatly indebted to the zealous and scientific researches of modern anatomists. It would therefore be ungenerous to attempt altogether to throw discredit on the ardour which has within these few years been displayed in investigating the morbid anatomy of the insane; yet it is impossible not to suspect that too much enthusiasm and aptitude for theory have influenced the pursuit; and that extraordinary facilities for morbid examinations sometimes tend more to encourage speculative theories than to advance truth. Thus Bayle, in the table he gives of the anatomical characters of one hundred cases of insane persons, finds in the brain of each various morbid phenomena, uniformly corresponding with the mental symptoms which characterise the malady. Many, however, who have carefully dissected the encephalon with similar mental symptoms, can detect no morbid appearance whatever. Because there is sometimes no change of organisation discovered in cases similar to Bayle's, I will not assert that he is mistaken; but the inference is natural and strong, that this ingenious physician has attempted to prove too much, and more than facts warrant. He is, however, supported in his positions by the observations of Falret, who, by the by, lays claim to be the original discoverer of this morbid condition of the membranes with coincident

mental symptoms; and likewise by those of Calmeil and Voisin. I am bound, therefore, though sceptical, to concede, that the evidence is respectable. Enough so, certainly, to stimulate pathologists to ascertain, by further examination, the accuracy of this new doctrine . . .

Paralytic affections of all kinds are probably more frequent in asylums appropriated to the reception of poor lunatics. The majority of cases, both of acute and chronic paralysis, which I have seen, have been among insane persons who have been in the public service, and consequently exposed to hardships and privations. Georget's observations are derived from the insane poor females confined in La Salpêtrière. But Messrs. Bayle, Calmeil, &c. also notice in their descriptions of meningitis the extreme frequency of paralytic affections among the superior insane patients in the Royal Asylum of Charenton. I cannot but remark on the singular discrepancy in respect to the prevalence of paralysis complicated with insanity in the French hospitals, compared with English asylums for the insane. Upon the authority of Esquirol, Georget, &c. we find that half the insane who die in the former are paralytic. What proportion die paralytic in the latter, I have not the opportunity of stating, because the annual reports of our asylums do not specifically notice the nature of the disease of which every patient dies; but, from inquiry, I know the number is comparatively trivial. In my own practice the proportion has not been one in twenty.

It would be difficult to prove to what this difference of mortality from paralysis is owing. In Charenton, the insane men have chiefly been in the military service, and, of course, subject to all the sufferings of active warfare; and, therefore, paralytic affections may be considered a natural consequence among the patients in that establishment . . . Exposure to great vicissitudes of temperature, and to wet and damp particularly, are always predisposing sources of paralysis; and when we consider the advanced age and debility of the old patients in La Salpêtrière, and see how they are exposed to such causes, we may readily account for numerous cases of paralysis and various acute diseases among them . . . The pathology of paralysis would teach us to expect what it is found to be, – a disease most intimately complicated with insanity. And when the disorder of the intellectual functions is accompanied by paralysis, the conclusion is, that the brain, the organ of those functions, is organically affected.

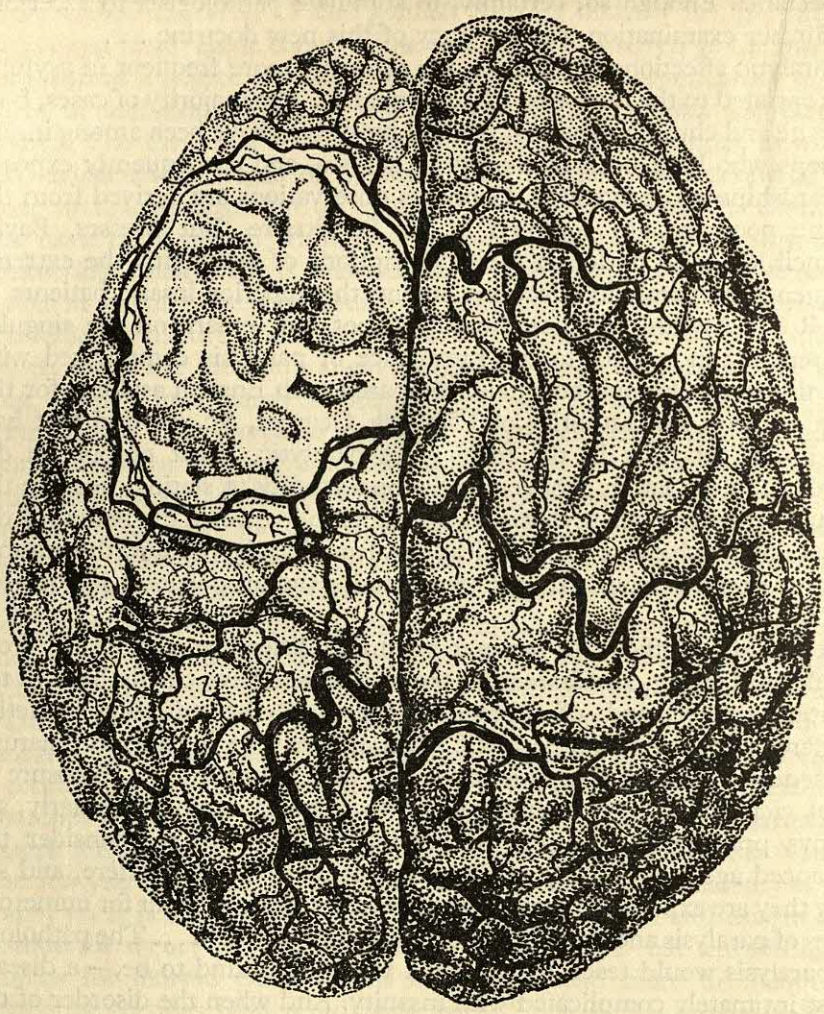


FIG. 158 The first illustration (in colour) 'of the brain in general paralysis of the insane' showing 'atrophy of the convolutions . . . more extensive in this case on the left than on the right side' from Sir Robert Carswell's *Pathological anatomy. Illustrations of the elementary forms of disease*, 1838 (London, Longman *et al.*). Carswell was professor of pathological anatomy 1828-40 in the newly founded London University and physician to University College Hospital. He made his own illustrations – a model combination of fidelity to nature and artistic merit – while working in Paris under the celebrated Professor P. C. A. Louis between 1826 and 1831; they represented the highest point reached in morbid anatomy before the introduction of the microscope to pathology.

SIR ANDREW HALLIDAY (1781–1839)

MD Edin., LRCP Lond., FRCP Edin., FRS Edin., deputy Inspector General of Army Hospitals, consulting physician, Crichton Royal Institution, 1838–9; physician to the Duke of Clarence, afterwards William IV

A general view of the present state of lunatics, and lunatic asylums, in Great Britain and Ireland, and in some other kingdoms, 1828 *London, Underwood* (pp. iv+101) pp. 26-36, 46

Halliday was one of the 'outsiders' who throughout his life assiduously gathered information about the conditions of the insane in Great Britain and Europe without ever being directly concerned in their care and treatment (his only appointment in this line came in the last year of his life, apparently in recognition of his work for the cause of the insane, as consulting physician to the Crichton Royal Institution while it was still being built). 'I am neither the keeper of a madhouse' he wrote, 'nor do I practise this branch of the profession; I have studied the disease . . . from a desire to do all the good I could . . . Accident brought me acquainted with some of the horrors of the prison-houses of insanity . . . when I had only commenced my medical studies. The impression made upon my mind, by the scenes I then witnessed, can never be obliterated; and my labours shall never cease, while one abuse remains to be corrected'.

He published a number of pamphlets starting with *A short letter to a noble lord, on the present state of lunatic asylums in Great Britain* (Edinburgh 1806), and *Remarks on the present state of the lunatic asylums in Ireland* (London 1808), and gave evidence before the Parliamentary Committee of 1807. His most important publication quoted here was a plea that the 'Poor Lunatic' might be placed 'under the safeguard of some law more worthy of the British character than that which has so long disgraced our Statute Books'. To this end he presented 'a short view' of the 'state of lunatics' not only in Great Britain (extracts are quoted from his survey of Scottish and Irish asylums) and Europe but as far afield as India, followed by suggestions extending the recommendations of the Select Committee 1827. Halliday wished particularly that the Home Department should exercise 'a controlling power over all establishments', that 'a Board of Control' be established in London (which actually came into being in 1913 and was disbanded in 1960), and Quarter Sessions be given the same powers, while four 'general inspectors' should be appointed for England and Wales and two for Scotland with the right of visiting and examining all institutions for the insane and publicly reporting their 'findings as is done by the Inspectors General in Ireland'.

Some of these recommendations were carried into effect by the Acts of 1828 (9 Geo. IV, c. 40 & 41) relating to county lunatic asylums and pauper lunatics, and to private madhouses and subscription hospitals. County asylums were

required to report admissions, discharges and deaths to the Secretary of State for the Home Department who in turn was given the right to send a visitor to inspect and report on any asylum. The five medical commissioners of the College of Physicians created by the Act of 1774 were replaced by fifteen Metropolitan Commissioners in Lunacy appointed by the Secretary of State with powers to refuse and revoke licences [for other provisions of these Acts regarding certification etc. see Parkinson 1807, Nicoll 1828 and Seymour 1847]. The whole time 'Inspectors General' visualised by Halliday were not created until the establishment of the Commissioners in Lunacy by the Act of 1845.

THE PRESENT STATE OF LUNATICS AND LUNATIC ASYLUMS IN SCOTLAND

In 1815, a bill was brought into Parliament by Mr. Colquhoun, then lord advocate, and passed into a law, by which both public and private asylums were put under the jurisdiction of the sheriff of the county, who was authorized to correct abuses, and to issue regulations for the government of these establishments; and with the advice of such physicians as he might call to his aid, to interfere even in the treatment of the patients, and order the discharge of all such as he thought improperly detained. This law has been found to work well, and only that it is burdened with a heavy, but perhaps necessary, expense to the patients or their friends, (an annual fine of two guineas,) it is, as far as it goes, a very judicious act.

From the printed parliamentary returns, and other public documents, we learn that, in 1826, there were six hundred and forty-eight individuals in the public and private asylums in Scotland, and ten in public gaols; but this bears no proportion to the actual number of insane persons in that kingdom. On this point, I can speak with absolute certainty, for there are now on my table distinct returns from eight hundred of the nine hundred parishes into which Scotland is divided, all carefully made up, and signed by the respectable clergyman of each parish. From these it appears that there are about three thousand seven hundred insane persons and idiots in this kingdom. Of these, one hundred and forty-six are in private asylums, fifty in the public asylum, and about sixty in Bedlam, in the county of Edinburgh; and three hundred and eighty-seven in other public asylums and workhouses. One thousand one hundred and ninety-two are confined with private individuals, principally with small farmers and cottagers, and twenty-one are in gaols – making the number of persons actually in a state of confinement, one thousand eight hundred and sixty one; while upwards of sixteen hundred are allowed to be at large, most of them wandering over the country, and subsisting by begging.

One thousand six hundred and thirty-four, or nearly one-half of the insane population of Scotland, are altogether maintained by the public; and though private charity has gone a great way in providing asylums for their comfort and proper treatment, I cannot but regret that the public refused the adoption of a law for erecting district or county establishments,

which was proposed some years ago, by that excellent nobleman Lord Binning. The rejection of this act, I believe, arose neither from the parsimony nor the poverty of the freeholders, but from a dread of introducing into the kingdom that system which has been denominated the night-mare of England, the poors' rates. Such establishments, however, are still required to make the system perfect . . .

There is not one asylum in the whole kingdom that can be called a public or national establishment. At Edinburgh, the public asylum was built by voluntary subscription, and no patient can be received under a board of one guinea a week. The paupers of the city are detained in what are called the cells of the charity workhouse, – a *prison* well ordered, and now properly attended to, and where the *prisoners* have every comfort, and receive every kindness; but where the great and leading advantages of a lunatic hospital are still wanting, and can never be attained, unless, indeed, the system hereafter to be mentioned should be adopted.

The splendid establishment at Glasgow is also, properly speaking, an eleemosynary asylum, though paupers are received. At Perth, an endowment was made some years ago, and an hospital built, solely for the accommodation of the poor. Dundee has its lunatic asylum, and so has Montrose; and at Aberdeen there is a very excellent establishment, for about one hundred patients, all of which have been built by private voluntary contributions, and all, in a great measure, are maintained by the money paid for the board of the patients, as their permanent funds are very trifling indeed. Dumfries has a small lunatic establishment, attached to the County Infirmary, but it is only capable of receiving about twelve patients.

THE PRESENT STATE OF LUNATICS AND LUNATIC ASYLUMS IN IRELAND

Ireland is the only portion of the British Empire, where just views have been entertained of what was necessary for the comfort and cure of her insane population, and where these views have been fully carried into effect. When we reflect on what the state of Ireland was, and now is, we have a most striking proof of what the zeal and perseverence of a single benevolent individual may accomplish for the benefit of his fellow-creatures, and that too, in a very short period of time . . .

In 1828, we find from the report of the Inspectors General of prisons, whose duty extends also to the inspection of lunatic asylums, that, besides the Richmond Lunatic Asylum, and the lunatic department of the House of Industry (a distinct establishment,) both well-ordered and well-arranged public institutions, (where the poor lunatics have all the comforts their cases admit of, and are attended medically, by men eminent in their profession,) there are four private asylums in the neighbourhood of Dublin. At Cork there is a well-ordered public asylum, capable of containing three

hundred and more patients. At Limerick, another calculated for one hundred and fifty patients, and which is one of the best-arranged public asylums that has ever been built; and at Armagh, there is another calculated for one hundred and six; and at Londonderry one for the same number; and another at Belfast; besides five or six minor establishments in other parts of the kingdom. All these asylums are conducted with a degree of attention and regularity, that reflects the highest credit upon the government, as well as the local authorities concerned.

And by whom has this wonderful change been effected? I answer, by the indefatigable exertions and persevering zeal of Mr. Thomas Spring Rice, the worthy member for Limerick . . . In 1817 . . . a short bill, which had been prepared by Mr. Rice . . . was passed into a law. By this Act, as subsequently enlarged and amended, the Lord Lieutenant of Ireland has the power of directing the magistrates of any county or district, to erect an asylum for the accommodation of their insane poor. It was not, as in England, left to the discretion of the magistrates themselves; and it is under the authority of these Acts, that the establishments we have enumerated have been, and others will be, erected.

By another comprehensive and very humane Act, which was passed a few years ago for the regulation and inspection of prisons, houses of correction, and bridewells in Ireland, the regulation and inspection of lunatic asylums was also provided for, and the general superintendence of the whole put under the direction of two individuals, who are styled Inspectors General, and who are obliged to make a report annually to Parliament. Their fifth report is now on my table, and affords a very distinct and gratifying view of the utility of the measure, and of the fidelity with which their duties have been discharged. These Inspectors General have authority to enter, and strictly to investigate, not only all public asylums, but also all private establishments, whether they contain one, or one thousand patients, and, if necessary, to act the part of the most rigid inquisitors. Oh that England would be wise, and would consider this, and for once, take a lesson from her more humble sister! . . . The system is so excellent, and has been found to work so well, that I am anxious it should be imitated in this country; and, indeed, it may easily be translated to England, without any great alteration of her existing laws. The present Commissioners, with additional powers, as I shall attempt to show hereafter, may be formed into a board, similar to that of General Control in Ireland, and the appointment of Inspectors General will not add much to the national expenditure. The Secretary of State for the Home Department should have the power of directing when and where county asylums ought to be built in England; and regulations for the government of all such establishments, whether public or private when approved of by him, ought to have the force of law.

SAMUEL WILLIAM NICOLL (1769–1833)

Recorder of Doncaster and York

An enquiry into the present state of visitation, in asylums for the reception of the insane; and into the modes by which such visitation may be improved, 1828 *London, Harvey & Darton* (pp. 90) pp. 2-4, 60-70

Nicoll was one of a group of energetic and public-spirited Yorkshiremen who at the end of 1813 gate-crashed the governing body of the York Asylum by donating the requisite sum of £20 to become governors themselves in order to enforce investigation and reform of the appalling conditions there prevailing. Hardly had the smoke of the fire passed away – and this not only figuratively speaking as it destroyed incriminating records, some of the worst cells and at least four patients' lives – when in May 1814 a patient was discovered at Bethlem Hospital chained and in irons in a solitary cell [see FIG. 140], and the Select Committee of the House of Commons in the following year heard the long list of crimes against mad humanity catalogued in its 'Minutes of Evidence'. In both instances this happened in 'a system, for years superintended by a gentleman, not only of superior medical abilities, but highly valued in private life – a system regularly approved by governors pre-eminently respectable' (the chairman of the governors of York Asylum was the Archbishop). Obviously 'there was nothing local, nothing accidental, nothing attributable to individual character; all was in the regular course of human institutions'. The fault lay in the system rather than its administrators, it was 'inherent in the very nature of visitation'. Only 'a perpetual and most vigilant superintendence . . . a system of visitation upon visitation' could prevent such things happening again: 'when visitation is fixed on due principles, every thing else which is requisite will, in time, follow'. In support Nicoll referred to the fact that of 'twenty-two propositions for the regulation of mad-houses' put forward in the *Report of the Select Committee on Pauper Lunatics in the County of Middlesex,* 1827 most dealt with 'licensing and inspection; that is the Committee considered visitation the one thing needful'. They had heard evidence of terrible abuses in Warburton's madhouses in Hoxton, although inspected and licensed by the College of Physicians, where pauper lunatics of three London parishes were boarded. In consequence there was initiated the Middlesex County Asylum at Hanwell (opened 1831 with Sir William Ellis as its first physician) in order to remove the lunatic poor from the category of a commodity of commercial speculation on the part of private madhouse owners [see FIG. 159] which was also the ultimate aim of the Act of 1845 by which the erection of county asylums was made compulsory.

Nicoll therefore lifted the whole problem out of the field of recrimination and vested interest and as a practical man of law presented this objective study

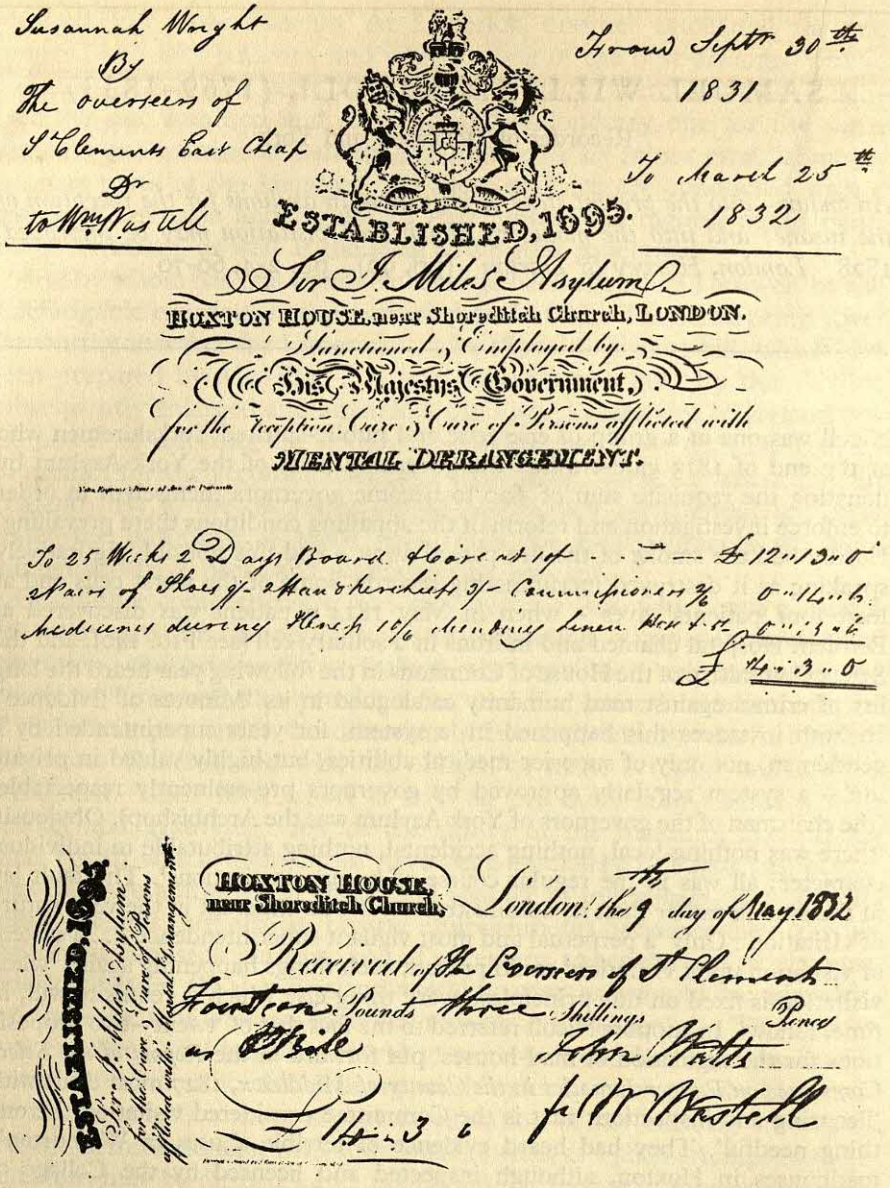


FIG. 159 Receipted account for a pauper lunatic sent by the parish overseers of St. Clements East Cheap to Sir Jonathan Miles's Hoxton House Asylum in the absence of a county asylum, May 1832. The charge for a stay of nearly six months was £14–3–0 of which the main item was 'Board & Care at 10/-' per week; cost of 'Medicines' amounted to 10/6.

of the nature and methods of supervision. 'The keeper must himself be kept' he declared and the only way to achieve this was by a system of visitation over and above the routine inspections carried out by the managing bodies of asylums. These were of three kinds: charitable institutions or subscription hospitals with their own board of governors who gathered at quarterly courts; private madhouses which were annually visited in London by the five medical commissioners of the College of Physicians and in the country by two magistrates and one physician according to the Act of 1774; and county asylums erected under the authority of the Act of 1808 which were supervised by county magistrates. In the passage quoted here Nicoll sketched not without humour how each of these functioned routinely and even adequately as committees of management but failed to discover abuses existing under their very eyes. He concluded that only from the 'frequent and solitary' visitation of one 'special visitor' – three might cover the whole country – 'can we hope to attain and lay open the minutiae of a receptacle for the insane'. Their whole time duty would be 'to see whatever is done or left undone . . . to investigate everything in detail, repeatedly, unexpectedly, and minutely'; in this way 'the business of visitation' would become 'one of prevention rather than of cure'. If such an official 'is necessary in asylums where there are bodies of governors, far more is he necessary in private houses where there is only one governor, and that governor interested'.

Legislation in this direction had been so long delayed and bills obstructed in both Houses of Parliament because despite the imposing array of informed opinion in favour of more stringent supervision and control of madhouses and asylums, there was also a faction strongly opposed to further interference by the State. Pamphlets appeared when legislation was imminent in 1828 with titles like *Observations on the bill now in progress through Parliament, to regulate the care and treatment of insane persons* speaking of the new proposals in terms of 'a useless inquisition into private concerns', 'destructive of all that privacy which is so truly desirable for the patient', 'tends to debase the whole profession', 'betrays a total want of confidence in their moral and medical character' and so on – arguments familiar from many instances before and after of conflict between State control and medical tradition. Doctors were particularly jealous of their right to independence as many owned private madhouses themselves and fellows of the College of Physicians were sensitive to the implied criticism that they had failed in their trust under the Act of 1774, perhaps more so since the Report of the Select Committee of 1815 had concluded with a censure on the laxity of their visitations.

The Acts of 1828 '*to amend the Laws for the Erection and Regulation of County Lunatic Asylums, and more effectively to provide for the Care and Maintenance of Pauper and Criminal Lunatics, in England*' and '*to regulate the Care and Treatment of Insane Persons*' (9 Geo. IV, c. 40 & 41) which followed soon after Nicoll's book and by which the College of Physicians Commissioners were replaced by the Metropolitan Commissioners, provided also for the Secretary of State for the Home Department to send a visitor to any asylum in the country if he saw fit. But the creation of a body of official inspectors as envisaged by him (and incidentally also by Halliday and as early as 1815 by Dr John Weir, Inspector

of Naval Hospitals before the House of Commons Committee) had to wait until the whole time Lunacy Commissioners came into being in 1845. [For the provisions of the Acts of 1828 regarding private madhouses see the Act of 1774; regarding certification Parkinson 1807 and the provision for county asylums Paul 1807; and for subsequent legislation the *Report of the Metropolitan Commissioners*, 1844].

THE KEEPER MUST HIMSELF BE KEPT

The proprietor, the keepers, and the domestic officers of a receptacle for the insane, must have a strong tendency to consider the interest of the patients and their own at direct variance. It is the interest of the patients to have spacious, airy accommodations; to have the least possible personal restraint, and the greatest possible personal attention as to cleanliness. Now these requisites imply both considerable expense and considerable trouble. The proprietor of an asylum would willingly avoid the expense, the keeper would willingly avoid the trouble. If a keeper can wrap one set of patients in blankets and chain them to a wall, and pin down another set to a floor covered with straw, without even the addition of a blanket, he has saved himself a great deal of the not very pleasant task of watching and cleaning; and if forty patients can be chained down in cribs from Saturday to Monday, a keeper the less may suffice, and the actual keepers have a pleasant holiday. On these accounts, a perpetual and most vigilant superintendence of the concerns of an asylum becomes necessary. It is also necessary on another account. Patients are often not merely provoking by their stubborn and wilful conduct, but by positive violence towards their keepers or others; hence, restraint on the temper of the keeper himself becomes a matter of the greatest difficulty, and not to be obtained unless the keeper is under the control of motives of the strongest influence. The keeper must himself be kept. If he be not watched and punished, an asylum is likely to be little beyond an alternation of reciprocal violence between the prisoner and the gaoler. From these causes, visitation has long been considered one of the first and most important matters to be attended to in the management of asylums. The Committee of the House of Commons, which sat last year, brought forward twenty-two propositions for the regulation of mad-houses; and, with the exception of two or three inferior matters, the whole refer to licensing and inspection; that is, the Committee considered visitation as the one thing needful.

OF THE INFLUENCES ORDINARILY OPERATING ON EACH SPECIES OF VISITATION

Governors

Where gentlemen of talents and respectability unite together in any public effort, we at first find great ardour. If there is considerable opposition, the ardour continues, or even increases: when opposition is at an

end, and the purpose secured, ardour declines, lukewarmness comes on, and at length something like the frost of apathy is felt . . . Every thing I am describing was seen in the York Asylum. Persons of very high respectability engaged in the plan with considerable ardour. In six years it was opened. Before the thermometer had fallen to lukewarm, the dispute about paupers occurred; and it immediately arose to summer heat, and ere long was at 98. After a few years, the party of the physician, Dr. Hunter, finally but decisively prevailing, the glass immediately fell, and remained nearer to frost than to temperate, till the matter of 1813 brought it actually to boiling point. By what degrees the governors of Bethlem arrived at that state of confidence which induced them, under the direction of their officers, to case the unfortunate Norris for nine years in iron, and which, no doubt, would have induced them, had their officers so pleased, to hang him up in an iron cage for that time, does not appear. The state was, in fact, arrived at; and the causes cannot be doubted.

There are peculiar reasons applicable to the governors of lunatic asylums, which must, at a more than usually early period, detach them from active exertions The minute inspection and investigation of a receptacle for insane patients, is any thing but attractive: in fact, it is, to many, revolting; more particularly so to persons of nice feelings, or habituated to the comforts and elegancies of higher stations Such persons, rather accustomed to accept information from others, than actually to obtain it for themselves, more commonly acting by their stewards, bailiffs, or attorneys, then by personal efforts, will, on no occasions, be more ready to delegate their trust than on such as I am now contemplating. The conduct of the higher members will necessarily give a tone to that of the inferior: without much activity themselves, they will check the activity of others. The disposition to confide in officers of an establishment thus arising, will be increased by the governor not having that knowledge of the subject which the officer really has. Governors, in general, in a system which may even yet be called new, as little know what can be done, as how to do it. Governors also are very naturally satisfied far too soon. Their standard of visitation is fixed much too low. Many have known . . . the images numberless ballads and stories . . . impressed on the juvenile mind, as to St. Luke's and Bethlem. An endless gallery, with a long range of narrow and dark cells; in each a patient naked, chained on straw, filling the whole building with yells and screams, and blasphemous imprecations. To minds thus impressed, madness appears with far more than its real horrors; and any thing short of the most gross misconduct, is considered as an instance of successful and humane management. In the vicinity of London, as elsewhere, visitors are now far too low in their requisitions. It is common for governors of these institutions to meet on fixed days, and then to walk round the house. This is something like the watchman's night-call, which obligingly gives the robber notice to stay his hand till the round is finished. Another very serious grievance of ordinary visitation is, that it is

made by a party who in some measure investigate, in some measure converse; who out of politeness keep together, never going before the head person in company; and, on the whole, saunter along, half in attention, and seeing thoroughly into nothing.

Medical Commissioners

Had I been asked, as a question of theory, Will a selection of five from the College of Physicians form an effectual body of visitation? my answer would have been, I think not: they will too much resemble an ordinary board of governors . . . A physician too, strictly speaking, is not a man of business. He traverses innumerable streets in his chariot, enters houses without count, but all is in a regular routine. One visit is like another visit. He has a pulse to feel, a medicine to order, a prescription to write, a nurse to direct, and hastens away to repeat the same scene in the next square. Let us land our three commissioners, with their attendant secretary, at the door of the White House. Doctor A. insists Dr. B. shall enter first. Dr. B. can't think of it. Whilst they are bowing at each other on the steps, half a dozen manoeuvres are practised to screen the patients from view. The apothecary, perhaps, detains them five minutes in the lobby, with some pretty, well-devised story; offers Dr. C. a pinch of his snuff, and accepts the doctor's box in return. At length the stairs are ascended. At the first landing, Dr. B. is asked how Lady Betty goes on; stops to detail her case, and hears Lord John's in return. At last the gallery is attained. The doors fly open. Dr. A. peeps his head over his shoulder to the right. Dr. B. adopts the same measure to the left. They see nothing wrong, for they scarce see any thing at all. Meanwhile, Dr. C. and the secretary are conning over some dispute that has arisen at the college. By the time the three physicians have peeped over a gallery and reached the end of it, what might have been done? Had a master-key of the house been put into the hands of an active lad, the apprentice of an apothecary in his fourth year; had he slipped in, unseen by the keepers, and made good use of his time, ere the four doctors had finished the gallery he would have traversed the whole house, from the garret to the cellar; day-rooms, airing-courts, chains, cribs, infirmaries; all the doctors ever did see, and all that they were doomed never to get a sight of. I will not literally insist that the doctors will act precisely thus; but I must insist that this sketch forms a pretty accurate resemblance to the relative success of their visitation.

A year or two, no doubt, would not exhaust the ardour of the physician in his office, had that ardour ever had existence. But the visitation is uncongenial: it is adverse to the physician's feelings, to his habits, to his common course of business: it is an imposed and ungrateful duty. And never let it be forgotten, that as to personal character and credit, it was wholly unimportant when the commissioners visited, or how they visited, or whether they visited or did not visit at all. The office must, on another account, be especially unpleasant. It is an office of perpetual censure; and

of whom? Either of friends or of friends' friends: of houses of which physicians are owners, which physicians attend, or which belong to those with whom physicians are connected . . . A commissioner would somewhat resemble the surveyor of the highways and turnpikes of some portion of a county, where . . . on any inspection, he found a few ruts filled up, he would report, 'An improving road'; where no accident of breaking down had happened for a twelve-month, 'A good road'; and where a post-chaise could get on seven miles an hour, no doubt he would exclaim, with exultation, 'An excellent road this!'.

Magistrates. – County Asylums

County Asylums stand a somewhat better chance. The Act on which they are founded, directs a competent number of magistrates to be appointed, for the purposes of the building itself, of forming its establishment, and its future regulations. When five or six gentlemen had, for several successive years, taken an acting interest in bringing an asylum, from its very commencement, into a state of completion and activity, it may be expected they would have attained both knowledge and interest enough on the subject to carry them forward for no inconsiderable period. The subsequent direction of an annual appointment, must prove some counteraction to this hope. In general, however, the same, or nearly the same magistrates, would be chosen. As the proper persons, justices, for conducting a business of this sort, must be selected here and there, several will come from a distance. Their meetings will probably be fixed at certain periodical times: being expected, they will be prepared for. Their own servant, whatever his denomination, steward, superintendent, governor, chosen by themselves, is almost sure to obtain their implicit confidence – to disarm their vigilance – in fact, to become their master, and to make the institution precisely what *he* chooses it should be, be his choice good, bad, or indifferent.

ROBERT GOOCH (1784–1830)

MD Edin., LRCP, lecturer on midwifery, St Bartholomew's Hospital; physician to the Westminster and City of London Lying-in Hospitals; Librarian to George IV

An account of some of the most important diseases peculiar to women, 1829 *London, Murray* pp. 109, 114, 119-28

A second edition appeared 1831. Reprinted as *Gooch on some of the most important diseases peculiar to women; with other papers*, edited by R. Ferguson, 1859 *London, New Sydenham Society*

Mental breakdown at or after childbirth or puerperal psychosis as it is called today is still a problem of special psychiatric interest for a number of reasons. First, the precipitating event is known (as certainly as in no other mental illness) which puts the question squarely whether it is due to the physical or psychological circumstances associated with childbearing. Second, it may occur only with the first pregnancy in women with no previous history of mental illness and in whom other equivalent physical stress does not produce the same effect. Third, it is mostly self-limiting and the prognosis favourable irrespective of the degree of disturbance which may vary from transient mood change to the most severe alienation.

The condition did not come to the notice of psychiatrists until the nineteenth century partly because cases were seen and treated by obstetricians, partly because no clear differentiation was made between the delirium of puerperal sepsis and mental illness proper occurring at the puerperium. Until the end of the eighteenth century it was generally held that all 'the *Acute Distempers* of the *Puerperal Woman*' such as 'Essential . . . Fevers . . . *Symptomatick* Fevers . . . as also *Frenzies, Watchings, Lethargies, Convulsions, Epilepsies*, &c.' were due either to suppression or retention of the lochia or milk and curable by restoring their flow. 'As to the *Watching, Deliria's, Epilepsies*, &c. which the Patient is subject to in this Condition; as they proceed only from Vapours of the Blood and *Humours*, ascending to the Head . . . So the Cure of these distemper'd Cases depends . . . chiefly upon retracting the *Humours* from the *Head* to the inferiour Parts' according to John Mowbray (or Maubrey) (?-1732), man midwife and recognised as the first teacher of midwifery in this country, in *The female physician . . . To which is added, the whole art of new improv'd midwifery*, 1730. It was not until after Charles White (in *A treatise on the management of pregnant and lying-in women*, 1773) and Alexander Gordon (in *A treatise on the epidemic puerperal fever of Aberdeen*, 1795) established the infectious nature of puerperal fever that the toxic confusional states associated with it were gradually recognised, leaving a group of mental disturbances

occurring in lying-in women without systemic or local signs of infection: the puerperal psychoses proper.

The first author to pay attention to this condition was Thomas Denman (1733-1815), MD Aberdeen, licentiate in midwifery of the College of Physicians, physician-accoucheur to the Middlesex Hospital. In the second edition of *An introduction to the practice of midwifery*, 1800 under the heading 'Mania' he described 'that aberration of the mental faculties . . . to which women in childbed are liable' but without separating delirious conditions consequent upon sepsis from puerperal psychosis proper. Yet his remark that 'if they live, they always recover their faculties, the distemper proceeding from disordered function and not from organic disease' implied that he was aware of the distinction. He attributed it to that 'irritable state' to which 'all women soon after delivery, are . . . subject . . . I have known more than one instance of a lying in woman . . . becoming at once deranged by some fright or mischief apprehended to herself or child, or from some dismal story related to her; who might have escaped, had she been managed with circumspection'. He also observed that 'this disorder, in some instances, ceases in twenty-four hours, and in others, it continues only for a few days, in some a few weeks, and in others for several months'. Therefore 'it is not surprising, that in some cases there should be a difference of opinion as to the actual existence of the disorder, even among men of experience; or that, on the first interview, it is often impossible to give an opinion which could be supported'. As regards treatment he pleaded that because of 'the circumstances of childbed' and the fact that patients are already 'reduced in their strength' they be spared 'the use of very powerful medicines, and very severe treatment' which 'was formerly the custom . . . for maniacal patients'.

Almost twenty years later in December 1819 Gooch read the first paper on 'Observations on puerperal Insanity' to the College of Physicians (*Medical Transactions, published by the College of Physicians*, 1820, vol. 6) which he subsequently rewrote and incorporated as a chapter 'The disorders of the mind in lying-in women' which together with 'Thoughts on insanity as an object of moral science' make up almost a quarter of *An account of some of the most important diseases peculiar to women*, 1829 quoted here. By then he was able not only to draw on his own experience but also to quote figures from two series published in the meantime by Esquirol and G. M. Burrows. Although there was still some confusion between delirium due to sepsis and puerperal psychosis proper Gooch made a step towards their practical distinction by dividing 'puerperal mania' into two forms according to the presence or absence of fever as judged by the pulse: cases with only 'moderate disturbance of the circulation . . . recover', those with 'a rapid pulse . . . generally die'.

Gooch though primarily an obstetrician had a special bent for psychiatry and 'during the latter years of his life, devoted much time to the study of mental disease. Such was the closeness of his watch over "public" cases, and such the felicity of his analysis, that the Chancellor of the day referred the most intricate and important of these to his practised judgment' (Robert Ferguson, physician accoucheur to Queen Victoria and King's College Hospital, in *Gooch on some of the most important diseases of women*, 1859). That he was an acute observer of the finer points of mental aberration is shown by his description of a patient who passed through 'an incipient stage in which the mind was wrong, yet right

enough to recognize that it was wrong'. This stage of 'incipient . . . mental derangement' (which may also be called insight) is still little considered and easily mistaken for a depression because of its depressing quality. Gooch advised that 'when the patient has not recovered, and is not recovering . . . when month after month passes without any amendment, and her mental delusions assume a shape accessible to moral impressions, then it is that I would advise an interview with a friend'. This was contrary to accepted teaching of the time which demanded as the first and most important measure 'to separate the patient from all those persons who are sources of excitement of any kind' preferably 'in a receptacle for the deranged, where she has no other associates than her nurses, and persons similarly afflicted with herself' until recovery was complete. He went on to record a patient with a chronic puerperal 'melancholia' in whom recovery dated from the time her husband was allowed to visit her. 'The conclusion which I deduce', wrote Gooch, 'is, not that violent mania is curable by conversation . . . but that there is a stage approaching convalescence, in which the bodily disease is loosening its hold over the mental faculties, and in which the latter are capable of being drawn out of the former by judicious appeals to the mind'. This novel idea gave rise to considerable argument as he anticipated: 'I may be told, that this case was rare, and may never occur again. I do not believe in such rare cases – even *lusus naturae* occur in sufficient numbers to require classing, and these unique cases are unique only because we are not watchful enough to detect their fellows'. Today Gooch's remarks appear almost prophetic since the new policy in mental hospitals is to disrupt as little as possible the patient's contact with the world and to encourage the earliest possible resumption of family and social obligations.

PUERPERAL PSYCHOSIS

During that long process, or rather succession of processes, in which the sexual organs of the human female are employed in forming, lodging, expelling, and lastly feeding the offspring, there is no time at which the mind may not become disordered; but there are two periods at which this is chiefly liable to occur, the one soon after delivery, when the body is sustaining the effects of labour, the other several months afterwards, when the body is sustaining the effects of nursing. I have repeatedly seen the commencement of mania and of melancholia in women who were in childbed, or who had recovered from their delivery . . . Nearly all these cases were instances, not of mania, but of melancholia . . . There was an incipient stage in which the mind was wrong, yet right enough to recognize that it was wrong . . .

In giving an opinion about the probable result of any case there are two questions, the one whether there is any danger to life? the other, if the patient lives, how long is the disease likely to continue, and what chance is there of its becoming permanent and incurable? With regard to the first of these questions, I remember the time when it was the prevalent belief among medical men, not, it is true, those who had paid peculiar attention to the subject, but men of great general eminence, that they

were diseases which were never fatal . . . even the late Dr. Baillie, when consulted about a case, remarked, 'that the question was not whether she was to get well, but when she was to get well' . . . There can be no doubt that a very large proportion of cases of disordered mind in lying-in women and nurses ultimately recover, but it is equally certain that some of them die, and there are two modes of calculating the probability of death in any individual case; the one is to ascertain the proportion of deaths to recoveries in as large a number of cases as possible, the other is to endeavour to discover some symptoms, the absence or presence of which indicates safety or danger. As to the former of these modes, it is very difficult to procure trust-worthy information. M. Esquirol, of Paris, has given an account of ninety-two patients in the Salpêtrière who had become deranged whilst lying-in or nursing. Of these, six died, that is, one in fifteen; but this estimate must give the mortality in chronic cases rather than recent ones. Dr. Burrows has published a table of fifty-seven cases, of which ten died; this is a mortality of more than one in six . . . To a question about the probable fate of a patient, it would be a vague answer to say that the mortality is as one in fifteen. It would be more like the opinion of the actuary of an insurance office than of a practical physician. The question would naturally occur, are there no symptoms in this as in other diseases by which to judge whether or no the life of the patient is in danger? Now, on this question, there is a passage in the manuscript copies of Dr. William Hunter's Lectures, so much more valuable than any remark in any printed book upon the subject, that I shall introduce it here. 'Mania', says Dr. Hunter, 'is not an uncommon appearance in the course of the month, but of that species from which they generally recover. *When out of their senses, attended with fever like paraphrenitis, they will in all probability die*, but when without fever it is not fatal . . . I have had several private patients, and have been called in where a great number of stimulating medicines and blisters have been administered, but they have gone on as at another time, talking nonsense till the disease has gone off, and they have become sensible. It is a species of madness they generally recover from, but I know nothing of any singular service in it' . . . I extract from it the following meaning; that there are two forms of puerperal mania, the one attended by fever, or at least the most important part of it, a rapid pulse; the other accompanied by a very moderate disturbance of the circulation; that the latter cases, which are by far the most numerous, recover; that the former generally die. This agrees closely with my own experience.

There are some other circumstances to be taken into account of the prognosis: the form of the derangement, and the period at which it occurs. Mania soon after delivery is more dangerous to life, than melancholia beginning several months afterwards. Nights passed in sleep, a pulse slower and firmer, even though the mind continues disordered, promise safety to life. On the contrary, incessant sleeplessness, a quick, weak,

fluttering pulse, and all the symptoms of increasing exhaustion, portend a fatal termination, even though the condition of mind may be apparently improved . . .

But supposing the patient to live, how long will the disease last? and what danger is there of its becoming permanent? Experience shows that mania is a less durable disease than melancholia; it is more dangerous to life, but less dangerous to reason. The best answers to those questions, however, would be a knowledge of the results of a vast number of cases. Unfortunately we have no such documents taken under satisfactory circumstances. The records of hospitals contain an account of cases which have been admitted, only because they were unusually permanent; they are the picked obstinate cases, and can afford no notion of the average duration of the cases of all kinds; the cases of short duration, which last only a few days, or a few weeks, which from a large proportion, are totally lost in the estimate of a lunatic hospital . . . Of the many patients about whom I have been consulted, I know only two who are still after many years disordered in mind, and of these one had already been so before her marriage.

Before leaving this part of the subject, there is still another question which requires to be thought of, and that is, whether a patient who has been disordered in mind after one lying-in, is likely to be so after another? I believe the chances are much against it; there is a sufficient possibility of such an event to call for the utmost degree of care not only in the next, but all subsequent confinements; but this care being taken, the proportion of cases in which the disease occurs twice is small . . .

I come now to consider the causes of puerperal insanity, that is, what occasions it to arise; and when arisen, in what it consists mentally and corporeally. Of the cases which I have seen, a large proportion have occurred in patients in whose families disordered mind had already appeared. The patients too were of susceptible dispositions, nervous, remarkable for an unusual degree of that peculiarity of nerve and of mind, which distinguishes the female from the male constitution. In some instances they had been long under the influence of depressing passions, or were suddenly assailed by some cause of mental agitation; but in many, no such circumstances had occurred, they had lately been delivered, or they were nursing, and that was all; scarcely any of them had ever been deranged before, or were ever deranged on any other occasion than on this. There is, therefore, something in the state of the constitution induced by lying-in or nursing capable of producing the disease in predisposed constitutions.

JOHN ABERCROMBIE (1780–1844)

MD Oxon & Edin., FRCP Edin.; physician to the Edinburgh Royal Public Dispensary and the King in Scotland

1. *Inquiries concerning the intellectual powers and the investigation of truth*, 1830 *Edinburgh, Waugh & Innes* pp. 315-20

2. *On the interest and importance to the medical profession of the study of mental philosophy.* In: *Report of the fourth meeting of the British Association for the Advancement of Science; held at Edinburgh in 1834*, 1835 *London, Murray* pp. 670-1

Abercrombie who in the prime of life became one of the chief consulting physicians and medical teachers in Scotland, early showed an interest in the mental aspects of medicine taking cretinism as the subject of his MD thesis in 1803. He kept careful notes of all patients seen in an extensive practice among poor and rich and these furnished the basis of his *Pathological and practical researches on diseases of the brain and the spinal cord*, 1828 (Edinburgh) which was the largest collection of neurological case material published at that time. It was written in the new scientific spirit which realised 'the fallacy of medical hypotheses, and the precarious nature of general principles' and from 'an increasing conviction of the indispensable necessity of founding all our conclusions in medical science upon our extensive and accurate acquaintance with the pathology of disease'.

In his *Inquiries concerning the intellectual powers*, so popular a work that it went into four editions in as many years, from which the first extract is taken, Abercrombie attempted to do for the psychological aspects of 'mental science' what he had done for the physical appearances of nervous diseases. 'The study of the phenomena of mind' he wrote, has 'in modern times only . . . assumed a real value and a practical importance, under the researches of those eminent men, who have cultivated the philosophy of mind on the principles which are acted upon in physical science, namely, a careful observation of facts, and conclusions drawn from these by the most cautious induction. The chief hindrance to the cultivation of the science, on these principles, arises from the difficulty of procuring the facts . . . the mental philosopher . . . is obliged to judge of the phenomena by external manifestations; and in this manner a degree of uncertainty attends his investigations, which does not occur in physical science. From this source, also, has probably arisen much of that difference of opinion . . . in regard to mental phenomena'. These difficulties he sought to overcome in some measure by this 'extensive collection of facts, illustrating the phenomena of mind in various individuals, and under a variety of circum-

stances'. He regarded the subject as of 'deep interest . . . to the medical inquirer' because of the way 'mental manifestations are . . . modified by the condition of those bodily organs by which the mind holds intercourse with external things especially the brain'.

From the section on 'Insanity' are quoted his attempt to explain pathological manifestations of mind like delusions and hallucinations by tracing their origin and content to 'Propensities of character' or previous personality; 'Old associations recalled into the mind'; 'Visions of the imagination . . . formerly indulged in', that is fantasies or day-dreams; 'Bodily feelings' or disturbed sensations; and finally the feeling of being influenced or controlled by outside forces so commonly complained of, by awareness 'of the loss of that power over their mental processes, which they possessed when in health'. It is interesting too in view of the since assembled genetic evidence that he ascribed the fact that mental illness appears in different forms in different patients to the 'constitutional peculiarities' of the latter rather than the 'occasional' or precipitating 'cause' of the former. The second extract from a summary of an address Abercrombie gave at the fourth annual meeting of the British Association for the Advancement of Science is important because in it he suggested that 'the philosophy of mind' or psychology was a subject worthy of study by a scientific body and should be admitted to their agenda 'as a branch of physiology' with varied and valuable practical applications.

MEDICAL STUDY OF MENTAL PHILOSOPHY

1. Of the nature and cause of that remarkable condition of the mental faculties which gives rise to the phenomena of insanity, we know nothing. We can only observe the facts, and endeavour to trace among them some general principle of connexion; and even in this, there is great difficulty, chiefly from the want of observations particularly directed to this object. There would be much interesting subject of inquiry, in tracing the origin of the particular chain of ideas which arise in individual cases of insanity; and likewise the manner in which similar impressions are modified in different cases, either by circumstances in the natural disposition of the individual, or by the state of his bodily functions at the time. From what has been observed, it seems probable that, in both these respects, there is preserved a remarkable analogy to dreaming. The particular hallucinations may be chiefly referred to the following heads:—

I. Propensities of character, which had been kept under restraint by reason or by external circumstances, or old habits, which had been subdued or restrained, developing themselves without control, and leading the mind into trains of fancies arising out of them. Thus a man of an aspiring ambitious character may imagine himself a king or great personage; while, in a man of a timid, suspicious disposition, the mind may fix upon some supposed injury, or loss either of property or reputation.

II. Old associations recalled into the mind, and mixed up perhaps with more recent occurrences, in the same manner as we often see in dreaming.

A lady, mentioned by Dr. Gooch, who became insane in consequence of an alarm from a house on fire in her neighbourhood, imagined that she was the Virgin Mary, and had a luminous halo round her head.

III. Visions of the imagination which have formerly been indulged in, of that kind which we call waking dreams, or castle-building, recurring to the mind in this condition, and now believed to have a real existence. I have been able to trace this source of the hallucination. In one case, for example, it turned upon an office to which the individual imagined he had been appointed; and it was impossible to persuade him to the contrary, or even that the office was not vacant . . .

IV. Bodily feelings giving rise to trains of associations, in the same extravagant manner as in dreaming. A man mentioned by Dr. Rush, imagined that he had a Caffre in his stomach, who had got into it at the Cape of Good Hope, and had occasioned him a constant uneasiness ever since. In such a case, it is probable, that there had been some fixed or frequent uneasy feeling at the stomach, and that, about the commencement of his complaint, he had been strongly impressed by some transaction in which a Caffre was concerned.

V. There seems reason to believe that the hallucinations of the insane are often influenced by a certain sense of the new and singular state in which their mental powers really are, and a certain feeling, though confused and ill-defined, of the loss of that power over their mental processes, which they possessed when in health. To a feeling of this kind, I am disposed to refer the impression, so common among the insane, of being under the influence of some supernatural power. They sometimes represent it as the working of an evil spirit, and sometimes as witchcraft. Very often they describe it as a mysterious and undue influence which some individual has obtained over them; and this influence they often represent as being carried on by means of electricity, galvanism, or magnetism . . . Out of the same undefined feeling, of mental processes very different from those of their healthy state, probably arises another common impression, namely, of intercourse with spiritual beings, visions and revelations . . .

When the mental impression is of a depressing character, that modification of the disease is produced which is called melancholia. It seems to differ from mania merely in the subject of hallucination, and accordingly we find the two modifications pass into each other, – the same patient being, at one time, in a state of melancholic depression, and at another, of maniacal excitement. It is, however, more common for the melancholic to continue in the state of depression, and generally in reference to one subject; and the difference between him and the exalted maniac does not appear to depend upon the occasional cause. For we sometimes find persons who have become deranged, in connexion with overwhelming calamities, show no depression, nor even a recollection of their distresses, but the highest state of exalted mania. The difference appears to depend chiefly upon constitutional peculiarities of character.

2. The remarks on this subject were delivered in a closing address to the Medical Section. Dr. Abercrombie said he was aware of the objections which had been brought against admitting the philosophy of mind as one of the regular sections of the Association; and to a considerable extent he admitted their truth, as it might be difficult to preserve such discussions from those hypothetical speculations by which this important science had been so much obscured and retarded in its progress. But by treating it as a branch of physiology, he trusted this might be avoided, by rigidly restricting the investigation to a careful observation of facts, and the purposes of high practical utility to which they might be applied. Keeping in view the importance of these rules, he earnestly recommended the subject to medical inquirers, as capable of being cultivated on strict philosophical principles as a science of observation, and as likely to yield laws, principles, or universal facts, which might be ascertained with the same precision as the laws of physical science. For this purpose, however, inquirers must abstain from all vain speculations respecting the nature and essence of mind, or the mode of its communication with external things, and must confine themselves to a simple and careful study of its operations.

Respecting the means of cultivating the philosophy of mind as a science of rigid observation, Dr. Abercrombie alluded to the study of mental phænomena and mental habits in ourselves and in other men; the whole phænomena of dreaming, insanity, and delirium; and the mental conditions which occur in connexion with diseases and injuries of the brain. The subjects of dreaming and insanity, which have hitherto been little cultivated with this view, he considered as capable of being prosecuted on sound philosophical principles, and as likely to yield curious and important results respecting the laws of association and various other processes of the mind.

The practical purposes to which mental science may be applied, Dr. Abercrombie considered briefly under the following heads: 1. The education of the young, and the cultivation of a sound mental discipline at any period of life. In all other departments we distinctly recognise the truth, that every art must be founded upon science, or upon a correct knowledge of the uniform relations and sequences of the essences to which the art refers; and it cannot be supposed that the only exception to this rule should be the highest and most delicate of all human pursuits, the science and the art of the mind. 2. The intellectual and moral treatment of insanity, presenting a subject of intellectual observation and experiment, in which little comparatively has been done, but which seems to promise results of the highest importance and interest. 3. The prevention of insanity in individuals in whom there exists the hereditary predisposition to it. He gave his reasons for being convinced that in such cases much might be done by a careful mental culture, and that irremediable injury might arise from neglect of it. 4. Dr. Abercrombie alluded to the importance of mental science as the basis of a philosophical logic.

JOHN CONOLLY (1794–1866)

MD Edin., FRCP, hon. DCL Oxon, professor of the practice of medicine 1827–31, London University [see further under 1856]

An inquiry concerning the indications of insanity, with suggestions for the better protection and care of the insane, 1830 *London, Taylor* (pp. xi + 496) pp. 1-7, 478, 480-4

Conolly's lifework in the field of psychiatry began properly in 1839 with his appointment as physician superintendent of the Middlesex County Lunatic Asylum at Hanwell, and it was there that he made his historic contribution to the care and treatment of the insane in asylums, as well as giving to clinical psychiatry masterly descriptions of the various forms of insanity. But even

AN INQUIRY

CONCERNING

THE INDICATIONS

OF

INSANITY,

WITH

SUGGESTIONS FOR THE BETTER PROTECTION AND CARE OF THE INSANE.

BY JOHN CONOLLY, M.D.

PROFESSOR OF MEDICINE IN THE UNIVERSITY OF LONDON.

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MDCCCXXX.

FIG. 160 Title-page of John Conolly's *Indications of insanity*, 1830.

earlier his interest lay primarily in this field long before opportunity arose to devote himself to it, and was the subject of his inaugural dissertation for the Edinburgh MD (*De statu mentis in insania et melancholia*, 1821) for which almost with a presentiment of his future he chose a motto from Pinel. In it he made the important and then little appreciated point that 'just as the changes brought about by disease cannot be understood without a knowledge of the healthy body, so it is essential to study the healthy mind in order to understand the sick'. There followed a number of years in general practice including five at Stratford on Avon where he gained experience of the insane not only in his capacity as a physician but also through his appointment as 'Inspecting Physician to the Lunatic Houses for the County of Warwick' the duties of which entailed accompanying the magistrates on their annual tour of inspection to the three private madhouses in the County. In 1830 during his tenure of the first chair of medicine in the newly founded London University he followed his original bent with the first book which attempted to link normal and abnormal states of mind 'to render the recognition of insanity less difficult, by showing in what it differs from those varieties of mind which approach the nearest to it' quoted here. 'They [medical men] have sought for, and imagined, a strong and definable boundary between sanity and insanity, which has not only been imaginary, and arbitrarily placed, but, by being supposed to separate all who were of unsound mind from the rest of men, has unfortunately been considered a justification of certain measures against the portion condemned, which, in the case of the majority, were unnecessary and afflicting'. To remedy this evil he suggested that doctors should be taught to be 'as familiar with disorders of the mind as with other disorders' and that to this end each lunatic asylum should become 'a Clinical school, in which . . . medical students might prepare themselves for their future duties'. However, this was not achieved for another dozen years. Conolly also made the first suggestion for a mental health service based on the local mental hospital which was to provide not only in-patient accommodation for the area but also a domiciliary service supervised by a rotating panel of doctors and nurses from its staff. In this way he hoped it would be possible to treat in their own homes a large proportion of patients who would otherwise have had to be admitted, and so concentrate attention and facilities on the smaller number of patients for whom asylums would still be required.

TRAINING IN PSYCHIATRY

The interests of the public greatly require that medical men, to whom alone the insane can ever properly be entrusted, should have opportunities of studying the forms of insanity, and of preparing themselves for its treatment, in the same manner in which they prepare themselves for the treatment of other disorders. They have at present no such opportunities. During the term allotted to medical study, the student never sees a case of insanity, except by some rare accident. Whilst every hospital is open, every lunatic asylum is closed to him; he can study all diseases but those affecting the understanding, – of all diseases the most calamitous. The first occurrence, consequently, of a case of insanity, in his own practice, alarms him: he is unable to make those distinctions which the rights and

the happiness of individuals and of families require; and has recourse to indiscriminate, and, generally, to violent or unnecessary means; or gets rid of his anxiety and his patient together, by signing a certificate, which commits the unfortunate person to a mad-house . . .

Let no one imagine that even now it is impossible or difficult to effect the seclusion of an eccentric man; or easy for him, when once confined, to regain his liberty. The timidity, or ignorance, or, it may be, a dishonest motive of relatives, leads to exaggerated representations; and the great profit accruing from a part of practice, almost separated from general medicine, cannot but now and then operate against proper caution in admitting such representations. When men's interests depend upon an opinion, it is too much to expect that opinion always to be cautiously formed, or even in all cases honestly given . . . Once confined, the very confinement is admitted as the strongest of all proofs that a man must be mad. When, after suffering so much wrong, he has an opportunity of speaking to the appointed visitors of the house, – supposing him to be confined where he can be visited, and supposing him not to give way to his feelings, but to control them, – his entreaties, his anxious representations, his prayers for liberty, what do they avail! The keeper of the asylum is accustomed to all these things; he knows that the truly and dangerously insane can act in the same way; and from ignorance, in the absence of any bad intention, does away with all the effect of the patient's words. The visitors, knowing nothing of the shades of disordered mind, or not reflecting upon them, are told that they see 'the best of him'; that it is one of his 'good days'; that he is often 'dreadfully violent'; or that if left to himself 'he will commit suicide'; and they shrink from the responsibility of deciding where they know it is very possible they may be wrong. Besides this, there is the ready and indisputable Certificate, signed by a medical man, – physician, surgeon, or apothecary, stating that the man is mad and must be confined in a lunatic asylum. It matters not that the certificate is probably signed by those who know little about madness or the necessity of confinement; or by those who have not carefully examined the patient: a visitor fears to avow, in the face of such a document, what may be set down as mere want of penetration in a matter wherein nobody seems in doubt but himself; or he may even be tempted to affect to perceive those signs of madness which do not exist . . .

Of all these matters the public are not altogether unsuspicious, and hence arises an evil of an opposite description: for the occasional detection of mistakes, and the dread of committing a beloved relative to a lunatic asylum; the opinion that to pronounce an individual insane is equivalent to pronouncing a sentence of separation from every friend, and an abandonment of all care of him to strangers; does really prevent in some instances such interference as the interests and comfort of families require; and those to whom temporary superintendence and slight restraint would be salutary, are allowed to ruin their fortunes, or to make a whole family

wretched, because restraint, when once determined on, is seldom apportioned to the individual case, but is indiscriminate and excessive and uncertain in its termination. No provision of the Legislature can prevent the occurrence of these grievous mistakes, unless opportunities are at the same time given of making medical men as familiar with disorders of the mind as with other disorders; and thus of rescuing lunatics from those whose interest it is to represent such maladies as more obscure, and more difficult to manage than any other. It would be some compensation for the unavoidable evils of public lunatic asylums, if each establishment of that kind became a Clinical school, in which, under certain restrictions, medical students might prepare themselves for their future duties to the insane.

SUGGESTIONS FOR THE BETTER PROTECTION AND CARE OF THE INSANE: A DOMICILIARY SERVICE

What is required, is, –

That no person, who is not insane, should be treated as an insane person.

That all, who are insane, should be properly taken care of.

That the friends of individuals who are insane, should be able to procure such immediate aid as the case requires . . .

To accomplish all these objects, it would be desirable –

That all persons of unsound mind should become the care of the state; and should continue so until recovery.

Every Lunatic Asylum should be the property of the State, and be controlled by public officers.

Every Lunatic Asylum should be a School of Instruction for Medical Students, and a place of education for male and female keepers.

No patient should be confined in a Lunatic Asylum, except on the particular representation of the relatives or friends, that he could not have proper care and attention out of it.

All the officers and keepers of each Asylum should be appointed by the Secretary of State.

There should be attached to every Asylum a certain number of medical officers and keepers, (residing in the house, or not,) ready, at all times, to attend to insane patients at their own houses. The medical associates, out of the house, should not be exclusively practitioners in cases of insanity.

As soon as signs of insanity appeared in any individual, notice of it should be given at the public asylum for the district, and the individual should immediately be visited by a medical officer connected with the establishment; either by a medical assistant residing in the house, or by a medical associate out of the house.

If it was represented that a keeper was required, a keeper should also be immediately sent from the establishment; but in this case the representation should, generally, be made by the medical attendant of the family

requiring aid, and always confirmed by the medical officer of the establishment, or by the medical associate visiting the patient.

A register of all the patients, in and out of the asylum, should be kept in the central establishment of each district or county; and all persons on the Insane List should be visited by a medical officer associated with the asylum, at least once in fifteen days in chronic cases, and at least once in seven days in recent cases, it being understood that the regular medical attendant had the general management of the case . . .

The patients out of the asylum being the majority, and consisting of all whose circumstances would ensure them proper attendance – better arrangements might be made for the smaller number in the public asylums, or central houses of reception, of which there might be one in each county, two in London, and one in any considerable town . . . There should be smaller houses in the neighbourhood of the asylum, for the reception of one or two lunatics, such houses to be governed by the general regulations of the larger establishments. To these such patients should be sent as require removal from home, but whose friends do not wish them to go to the asylum.



FIG. 161 Conolly's signature.

RUFUS WYMAN (1778–1842)

MD Harvard, physician superintendent, McLean Asylum Charlestown, a branch of the Massachusetts General Hospital, 1818–35

A discourse on mental philosophy as connected with mental disease, delivered before the Massachusetts Medical Society, 1830 *Boston, Office of the Daily Advertiser* (pp. 24) pp. 14, 17, 19-21

Wyman's purpose in this lecture was to show that 'the philosophy of mind' defined as 'a knowledge of mental functions in health . . . derived . . . from the history of mental operations . . . with the laws and principles deduced therefrom' – that is psychology – was 'an indispensable study of an accomplished physician'. Among other examples he showed that the classification of mental diseases into those 'of the intellect' and those 'of the passions' – the forerunners of the thought disorders and affective disorders of today – were derived from the divisions of 'mental operations or states' of mental philosophers. He illustrated the latter with a case in which '*exaltation*' and '*depression*' alternated – the manic-depressive or circular insanity today associated with the name of Kraepelin. Incidentally another of Wyman's patients had the delusion of being poisoned 'with chlorine gas' – an example of how the content especially of persecutory delusions adapts to new scientific discoveries.

EXALTATION AND DEPRESSION

Writers on mental philosophy arrange the mental operations or states under two heads, one of which regards our knowledge, the other our feelings. The former includes the functions of intellect . . . The latter includes the affections, emotions or passions, or the pathetical powers or states . . . This division of the mental states or functions has suggested a corresponding division of mental diseases – diseases of the intellect and diseases of the passions . . .

In diseases of the pathetical states or functions, there may be *exaltation* or *depression* of one or more of the passions . . . Exaltation, and depression of passion, are sometimes manifested alternately in the same individual. ** has been for several years subject to alternations of these states, without disease of the intellectual powers. During the state of depression he talks little – scarcely answers questions – goes to bed early – sleeps well – rises late – takes food regularly – is indifferent about his dress – refuses to walk, or ride, or to attend church – writes no letters – reads no newspapers – discovers no interest in any person or kind of business. He is not anxious,

or distressed on any subject – is perfectly quiet and inoffensive. After being depressed from two to five weeks, he gradually becomes more active, gay, and full of business. As a first change, he begins to smile, and answer questions; then to sit up later, sleep less and rise earlier – walks, and rides when requested. In a few days, he begins to converse freely, read newspapers, and play at chess. Next he calls for his best clothes – is anxious to attend church, visit every where, and see every body – plans voyages – is full of business – writes letters to all parts of the United States, to England, France, Holland, &c. – becomes gay – dances, sings – is irascible – offended when opposed – passionate, and violent – tears his clothes – breaks windows, swears, strikes, kicks, bites, dashes drinks in the faces of attendants, and sometimes says, 'I would send you to hell, if I could'; but instantly, sensible of the inhumanity of his wishes, and becoming calm, adds, with good feeling, 'But I would remove you to heaven in one minute'. The paroxysms of passion, in various degrees, are repeated many times in a day, from the most trifling causes, and without malice. In this case, the changes from depression to exaltation of passion are usually gradual – often sudden, and sometimes instantaneous. The paroxysms are, almost universally, free from any apparent disease of the intellectual powers. His letters are well written, his plans of voyages are judicious, and the whole discovers an intimate knowledge of business. When the transitions are gradual, he appears, during the intervals, quite well for several weeks, and is a kind hearted, intelligent, agreeable man.

To exhibit clear and exact views of an insane mind, it seemed necessary to consider separately diseases of the intellect, and diseases of the passions; yet they are seldom so observed in fact . . . The most common form of insanity is a combination of disordered passions, and disordered intellect, in variety and gradations almost infinite.

ANDREW COMBE (1797–1847)

MD Edin., FRCP Edin., physician of Edinburgh and physician-extraordinary to the Queen in Scotland

Observations on mental derangement: being an application of the principles of phrenology to the elucidation of the causes, symptoms, nature, and treatment of insanity, 1831 *Edinburgh, Anderson* (pp. xxxvi + 392) pp. 74-81, 130-2, 149, 286-7

Andrew Combe was 'converted' to the science of phrenology in Paris in 1818 when he attended 'two Courses of Lectures delivered by Dr Spurzheim . . . on the Anatomy, Physiology, and Pathology of the Brain and Nervous System' after which a personal friendship developed between them. The following year he heard Esquirol's course of 'Clinical Lectures on Mental Derangement, at the Hospice de la Salpêtrière'. These experiences led to a lifelong interest in 'the pathological derangements of the mental faculties' and inspired him to apply 'phrenological doctrines' to 'the study and discrimination of nervous and mental diseases' and especially 'to the farther advancement of our knowledge of mental affections'.

To show how necessary it was to apply to insanity 'the new physiology of the brain' he pointed out 'that knowledge of a subject in which mankind at large is so nearly concerned' had not been advanced for 'so many centuries' because having wrongly been considered 'one single disease' there had been endless pointless disputes whether it was an affection of the brain or of the mind. These could never have arisen had it been appreciated that 'madness' was merely a symptomatic diagnosis, a descriptive label no more expressive of essence than 'difficult breathing' or 'impaired vision'. But better and more detailed case histories alone were not enough to ensure progress because first 'as has been acutely remarked by Dr *Cullen*, "the simplest narrative of a case almost always involves some theories" ' and the old theoretical framework 'insensibly' affects and hinders 'our mode of observation'; and second because the 'use of our present nomenclature is to make us deceive ourselves, and rest satisfied with a word in the absence of an idea . . . the method . . . of naming the disease after the prominent symptom [as in 'mania, melancholia, insanity'] . . . lies at the root of all the confusion and contradiction that have incumbered the investigation of the cerebral affections productive of insanity'. Against this background the phrenological approach – namely, 'that the mind is endowed with a plurality of innate faculties' each of which 'manifests itself through the medium of an appropriate organ, of which organs the brain is a *congeries*' – was an advance in that it viewed 'the cerebral affection, and not the mere mental aberration above enumerated as constituting the disease'. Phrenology attributed all 'mental symptoms . . . to diminution, perversion, or exaltation of the primitive faculties of the mind' each

of which 'may be injured or diseased and their functions impeded or altered'. Accordingly 'Monomania or Melancholia' were no longer to be regarded as diagnoses 'indicative of a specific disease' but as names given to a 'combination of symptoms' denoting 'those cases in which only one or a few of the mental powers are deranged, the others remaining entire'. Similarly 'Mania is not a specific disease, but only an indication that the disease, whatever it may be, implicates the whole brain, and all the faculties of the mind . . . it is in such circumstances that the remark of *Esquirol*, that mania, monomania, melancholia, and dementia, succeed and alternate with each other, the disease remaining the same, is especially exemplified'. It must be admitted that Combe's criticism applies in some measure even today to the largely symptomatic classification which psychiatrists still have to use. Phrenology made it superfluous, Combe contended, 'to create a new malady for every change in the appearance of the mental symptoms' and instead 'affords a simple and consistent explanation of all the various forms which insanity assumes, and leaves us free to observe with care the nature of the organic derangement on which each depends'. What a pity that the details of the system were too fantastic to achieve this admirable end.

But aware that only rarely were lesions forthcoming in the brains of madmen and furthermore that they showed great variety and variability of symptoms, Combe attempted to fill this gap in the phrenological doctrine due to the lack of supporting pathological evidence by postulating that the cerebral organs could be functionally disordered either in the absence of structural change or before such took place. (Incidentally it shows Gall's stature that he knew his limitations and anticipated that improved examination techniques would reveal structural details, anatomical and pathological, which he could not detect.) Combe envisaged disordered function as either due to over-excitement and -exertion or disuse of the various faculty-organs. It followed that functional disorders could be caused by mental as well as physical insults, and as there were efficient 'moral causes' so 'moral treatment' could be effective. How much the application of phrenological principles helped in practice and in the management of the insane and why so many psychiatrists adopted them is shown under Ellis (1838, p. 870 and FIG. 162): although by no means a psychopathology in the modern sense they provided the physician with a stimulus and a framework to study patients' minds, their faculties, emotions and propensities, in short their psychological make-up and situation of which the charting of bumps on the head was only an arabesque.

Combe's concept of mental illness as a 'functional derangement' of the brain came to stay though of course not within the framework of Gall's organology. Today the adjective 'functional' by some used as synonymous with 'psychogenic' and by others as expressive of a belief in yet undiscovered somatic pathology, is loosely applied to nervous ills without structural basis, and to 'functional psychoses' as distinguished from 'organic psychoses' resulting from gross disease of the brain.

Like his older brother George, Andrew Combe had the gift of popular exposition. In 1887 when Sir Arthur Mitchell, Commissioner in Lunacy for Scotland, edited an abridged version of *Observations on mental derangement* fifty-six years after it was originally published – surely a record achievement for a treatise of this kind – he observed that 'to a large extent they are as much calculated to be useful now as they were at that time . . . I can pay no higher

compliment to Dr Combe's sagacity'. At this time Combe's *The principles of physiology applied to the preservation of health, and to the improvement of physical and mental education* first published at Edinburgh 1834 was still in print in its 16th edition; *A treatise on the physiological and moral management of infancy* first published 1840 was in its 8th edition; while of his physiological writings mention should be made of *The physiology of digestion*, 1836 which reached a ninth edition in 1849, and his edition of William Beaumont's classic *Experiments and observations on the gastric juice*, Edinburgh 1838, a reprint with notes of the Plattsburgh edition of 1833 which contained the first direct observation of the influence of emotions on the gastric mucosa.

PHRENOLOGY AND THE CONCEPT OF FUNCTIONAL DERANGEMENT OF THE BRAIN

By constantly drawing attention to the connexion subsisting between the power of manifesting every mental faculty, and the condition of its particular cerebral organ, Phrenology places derangements of the internal faculties in the same relation to the organic affection producing them in which Physiology places the derangements of the five external senses. Sight is never impaired, nor hearing destroyed, unless the organs which execute these functions are diseased; and, in like manner, thought and feeling are never deranged, unless the cerebral organs by which they are manifested have undergone some morbid change. And as sight is injured by a great variety of morbid alterations in the eye or its nerves, so are the internal faculties of the mind deranged by a great variety of diseases affecting the brain. Even if we had not direct proof of the dependence of mental derangement on various cerebral affections of a different nature, the force of analogy is still so strong as of itself to establish the fact, and to satisfy the most sceptical inquirer that insanity is not a single and unvarying disease. Every affection to which an organ is liable may derange its function, and therefore disturbance of the functions of the brain may attend a variety of different cerebral states, each characterized by its own symptoms, and requiring its own mode of treatment . . . and any affection, of whatever nature, having it for its seat, may disturb its function, or the mental manifestations. The brain may be inflamed, or it may be excited by wine, or compressed by water, or by a fracture; and, as a consequence in all, the mind be disturbed. Derangement of the mind, therefore, is not a specific disease, but is a symptom attending many different affections, which may agree only in the single point of having the brain for their seat.

Many of my readers may think that I am taking a great deal of trouble to prove what is either self-evident, or of very little value even when proved. But it is not so; for many physicians have regarded madness as always the same disease, and either as altogether unconnected with corporeal illness, or as depending on abdominal derangement; and yet, were any physician to propose to treat disordered action of any other functions without regard to the state of the organs which executed them, his proposal

would excite astonishment. Were any one, for example, to prescribe for *difficult breathing*, without an attempt to discover the organic or pulmonary affection whence it originated; or for impaired vision, without examining what was the particular disease of the eye that gave rise to it, he would be regarded as disgracefully ignorant of the first principles of his profession; and yet this precisely what has been done and recommended by those who have studied the pathology of the mental functions apart from that of their material organs, and have regarded insanity as always the same disease, requiring the same medical treatment, – and who, when experience has presented it to their notice under widely different aspects, arising from obviously different causes, and demanding opposite modes of treatment, having no clew to lead them back to the real difference of disease or of organic affection, have contented themselves with expressing wonder and surprise at its Proteiform character, and at the mystery in which the operations of mind are enveloped.

But had the fundamental principle, that the brain is the organ of mind, and consequently the fact that insanity always depends on a corporeal and cerebral cause, been recognized and kept in view, it would have been at once perceived, that, as every departure from health in an organ must necessarily disturb its function in a greater or less degree, and as the function of the brain is to manifest the mind, mental derangement could not be a specific disease, but must be one of the effects of whatever morbid causes disturb the action of that organ, and could therefore no more be considered as an individual disease than impeded respiration, impaired vision, or vitiated secretion of bile. And had the attention of the observer been closely directed to the study of the relations subsisting between the mental faculties and their cerebral organs, so many centuries could not have elapsed, and so little been added to our knowledge of a subject in which mankind at large is so nearly concerned. Had insanity been recognised to be a symptom of cerebral disease, the insane would never have been rejected and excluded from our sympathies as the detested of Heaven, nor would they ever have been tortured by the lash or the chain, or exposed to public derision . . .

The affections of the brain which disturb the manifestations of the mind may be divided into two great classes; the *first* comprising those which are acute in their character, rapid in progress, and dangerous to life; and the *second* those which are chronic in their nature, slow in progress, and compatible with a prolonged existence. Of the first kind, fevers, phrenitis, hydrocephalus acutus, and apoplexy; and of the second, the various affections which give rise to insanity, are familiar examples. In the former, which are attended by local symptoms of too great intensity to leave their seat for a moment in doubt, the derangement of the feelings and intellectual powers is universally and at once ascribed to morbid changes going on in the brain or organ of mind. But in the latter, where the local symptoms are not so severe, and where the disturbance of the mental operations

is equally manifest, though sometimes differing in character, the same connexion of the phenomena with their cause in the brain is frequently not only unperceived, but resolutely denied. As, however, it is of the utmost importance in practice to be aware of the relation subsisting between the two classes of cerebral affections, that the obscurities of the one may be relieved by the lights afforded by the other, and that our attention may be directed in both to the local cause of the disturbance of function, we shall keep the connexion in view throughout, and thus seek to advance the pathology of insanity in the same way as that of other diseases, particularly as, in chronic affections of most other organs, we have greatly improved, if not altogether derived, our principles of treatment from observing the progress and means of cure of their acute diseases.

Having thus seen that mere disturbance of function is not a specific disease, but an effect of various and often opposite affections of the organ which performs it, and that mental derangement is not a specific disease, but a symptom of an existing cerebral affection, it follows, that although the terms mania, melancholia, insanity, idiocy, &c. may be used to designate the particular mental forms assumed by the symptoms, they ought to be entirely discarded as *names of diseases*, since their use serves to perpetuate the error, which has long been the bane of medicine, of supposing them really to belong to and to designate specific states, requiring in all cases a specific treatment. And, in their place, we ought to speak of the various diseases of the brain which disorder the mental functions or faculties . . .

It is quite true, that, in attempting to apply this principle to those affections of the brain which give rise to mental derangement, we shall at first, from the excess of our ignorance, make a very poor appearance; but, even in the attempt, there will be the superlative advantages of keeping the very limited extent of our knowledge constantly before our eyes, and of stimulating us to unremitting exertion in the only path calculated to improve or increase it; whereas it is not less true than melancholy, that the only use of our present nomenclature is to make us deceive ourselves, and rest satisfied with a word in the absence of an idea; for, as already hinted, the method generally pursued, of naming the disease after the prominent symptom, without regard to the nature of the organic cause, lies at the root of all the confusion and contradiction that have incumbered the investigation of the cerebral affections productive of insanity . . .

Phrenology has proved, and indeed it is scarcely disputed, that the brain is an aggregate of many distinct organs, each manifesting a distinct mental power. It proves that one or more of these organs may be injured or diseased, and their functions impeded or altered, without necessarily affecting the remainder; and thus explains how a man may be insane on one feeling or faculty, and sound on all the rest; and, consequently, how, when a different organ is diseased, the faculty or feeling that is deranged may be different, and the prominent symptoms be different, and yet the disease itself remain exactly of the same nature . . . Phrenology shows that,

in like manner, morbid excitement of the cerebral organs of Combativeness and Destructiveness may produce raving, violence, and fury; and morbid excitement of the organ of Cautiousness produces fear, apprehension, despondency, and melancholy; not from any difference in the *kind* of excitement, but simply from the function of the one being to manifest the propensities first named, and from the function of the other being to manifest feeling of caution; and that hence both cases may require the same medical treatment for their removal, modified only by the difference of function; and, in so far, it affords a simple and consistent explanation of all the various forms which insanity assumes, and leaves us free to observe with care the nature of the organic derangement on which each depends . . .

In seeking thus to connect the two kinds of diseases to which the cerebral structure is liable, it will be useful to call the attention of the reader to the well-known but rather neglected fact, that, let the cerebral affection be either acute or chronic, it equally involves the soundness of the mental manifestations; although, by long habit founded on ignorance, we have been accustomed to consider that as mental derangement, and a distinct disease, which attends the *chronic* form, and that as delirium and merely a symptom, which is, in truth, the derangement of the acute disease. Now, however, we cannot fail to perceive, that insanity and delirium stand in precisely the same relation to their organic cause, and that the one is altogether as much a symptom as the other. If, for example, we take up *Dr Abercombie's* recent and valuable publication on the Pathology of the Brain, we shall find, in almost every page, change of character and dispositions, delirium, peevishness, wandering of the judgment, loss of memory, coma, or suppression of the mental powers, mentioned as appearing in its acute diseases, just as we find false perception, hallucinations of feeling, and errors of judgment, in the chronic; but we never find that author erecting delirium into one disease, loss of memory into another, or coma into a third, as is commonly done with the particular hallucination of insanity; and we never find him treating of the mental affection as distinct from the bodily disorder, as we see generally done in treating of the mental symptoms consequent upon chronic diseases of the brain. In every instance of acute disease, the pathologist rates the mental phenomena as symptoms, and refers to them only for the purpose of tracing them to the organic lesion which produces them; and, therefore, in prosecuting our researches into what are erroneously called Mental Diseases, we must follow the same course, and study the nature of the organic disorder which disturbs the mental functions, and not waste our labour in vain attempts to classify mental symptoms into independent diseases.

In accordance with the view we have elsewhere taken of the *situation* and *functions* of the brain, the exciting causes may be divided into the two great classes of *Local* and *Functional* . . . The functional causes, then,

which have a reference to the brain as the seat of Feeling and of Thought, are not only the most frequent and most important, but in the strictest sense *functional*. These are generally called *moral* causes; but if we are unacquainted with mind, separate from the material organization, and if every condition of mind is in this life as inseparably attended by a corresponding state of the brain, as every act of vision is attended by an affection of the optic nerve, then it becomes conform to reason to hold, that every aberration of mental manifestation is the consequence of diseased action of its organ, and not of impaired efficiency or disordered function in the immaterial spirit. The term *moral* cause has a reference to disease in the mind itself, and was used by those who subscribed to this hypothesis. The term *functional* has a reference to disorder in the action of the organs of mind, and is therefore more proper for our purpose . . .

In accordance with these views, it will be found that most of the cases in which dissection after death does not reveal some cerebral lesion, are those in which the patient has died from another and distinct disease, supervening upon derangement while existing in its *functional* and curable state; and, from the advances lately made in morbid anatomy, it is very probable that, *even in these cases*, a minute acquaintance with the structure and healthy appearances of the brain, and a more careful and scientific examination of its condition after death, will ultimately enable us to detect changes which either escape our observation, or are considered not to have any reference to the mental state . . . If, however, we examine the numerous cases in which the mental alienation has arisen from a species of morbid action, involving organic changes by its simple continuance (and such are the examples of chronic meningitis narrated by *Bayle*) . . . we naturally meet, also, with the symptoms characteristic of these changes, such as palsy, imbecility, &c. superadded to those of pure insanity.

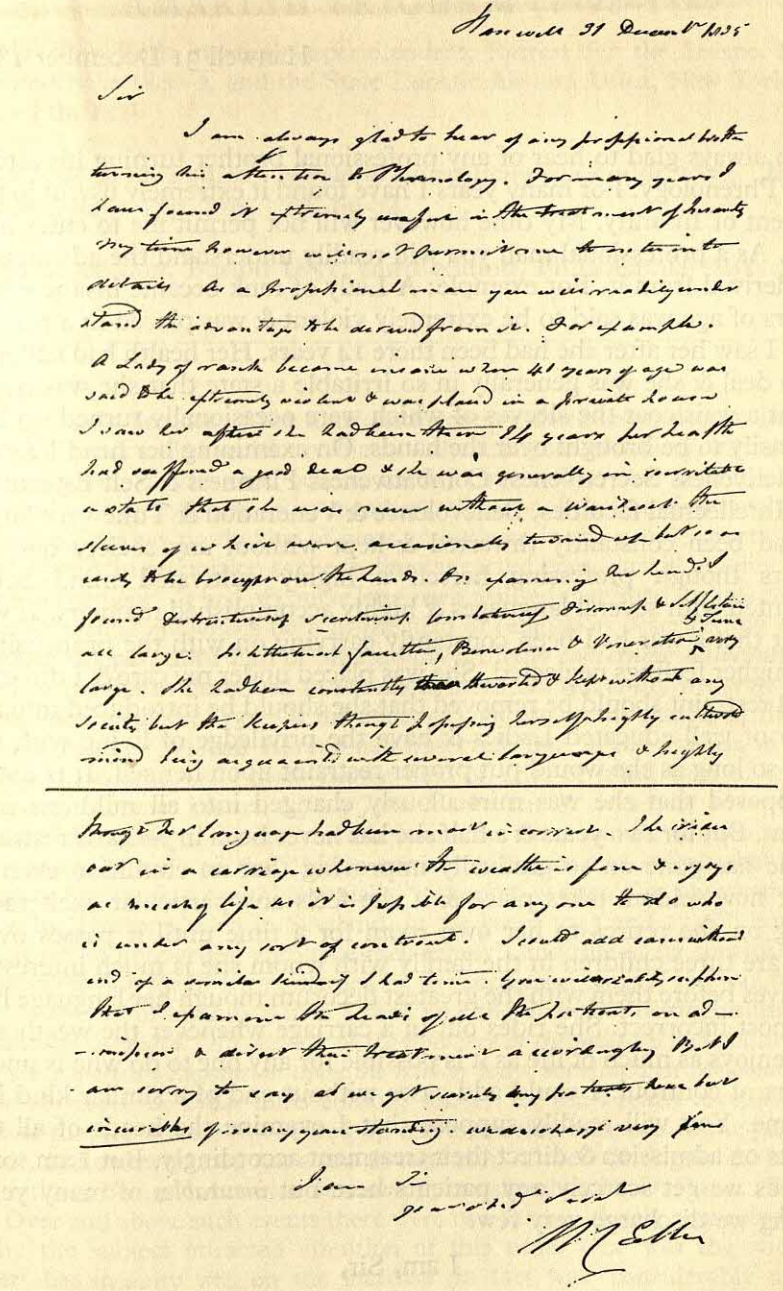


FIG. 162 First and last page of a letter by Sir William Ellis explaining how he found phrenology 'extremely useful in the treatment of Insanity', 1835.

Transcript of letter by Sir William C. Ellis, the first and last pages of which are illustrated in Fig. 162, page 819.

Hanwell 31 December 1835

Sir,

I am always glad to hear of any professional brother turning his attention to Phrenology. For many years I have found it extremely useful in the treatment of Insanity. My time however will not permit me to enter into details. As a professional man you will readily understand the advantages to be derived from it. For example: A Lady of rank became insane when 41 years of age was said to be extremely violent & was placed in a private house. I saw her after she had been there 14 years. Her health had suffered a good deal & she was generally in so irritable a state that she was never without a waistcoat the sleeves of which were occasionally turned up but so as easily to be brought over the hands. On examining her head I found Destructiveness Secretiveness Combativeness Firmness & Self Esteem all large. Intellectual faculties, Benevolence & Veneration & Tune very large. She had been constantly thwarted & kept without any society but the Keepers though professing herself a highly cultivated mind being acquainted with several languages & highly accomplished manners. It was evident that a war had been constantly carrying on with the propensities & the higher feelings neglected. She was placed under my care & I directed that all restraint should be removed that she should be introduced into the society of well educated Ladies & have the priviledge of living with the family so long as she would put proper restraint upon her self. It is not to be supposed that she was miraculously changed into all mildness in a moment. But for two years & a half she has never been in *personal* restraint and she has gone on so gradually improving that an ebullition even of temper now seldom takes place & if she feels any particular excitement coming on she retires to her own room for a time until it passes over. There are three children in the family with whom she is much interested & behaves before them with the greatest decorum though her language had been most incorrect. She rides out in a carriage whenever the weather is fine & enjoys as much of life as it is possible for any one to do who is under any sort of controul. I could add cases without end of a similar kind if I had time. You will readily suppose that I examine the heads of all the patients on admission & direct their treatment accordingly. But I am sorry to say as we get scarcely any patients here but *incurables* of many years standing we discharge very few.

I am, Sir,
Your obedient Servant
W. C. Ellis

AMARIAH BRIGHAM (1798–1849)

MD New York, medical superintendent, Retreat for the Insane, Hartford Connecticut 1840–2, and the State Lunatic Asylum Utica, New York 1842–9 [see FIG. 142]

Remarks on the influence of mental cultivation upon health, 1832 *Hartford, Huntington* (pp. 116) pp. 69-74

Second edition, Boston 1833; third edition, Philadelphia 1845

In the early decades of the nineteenth century there developed an interest in what is today called social psychiatry – the influence of society, its culture and organisation, institutions, beliefs, habits, deprivations and calamities on the mental ease and disease of its members. 'Great political or civil revolutions in states are always productive of great enthusiasm in the people' wrote Burrows (1828) and 'in proportion as the feelings are acted upon, so will insanity be more or less frequent'. It had of course long been realised that 'mad' beliefs could give rise to mental epidemics both in the field of religion as described by Anthony Ashley Cooper, third Earl of Shaftesbury (*A letter concerning enthusiasm*, 1708) and of politics as described in the anonymous *An account of the progress of an epidemical madness*, 1735. Of the effect of civil war in the middle of the seventeenth century William Harvey had observed 'that in his practise of Physick since these times . . . more people died of grief of mind than of any other disease' (Thomas Plume, *Life of John Hacket* in: *A century of sermons . . . by John Hacket*, 1675). Benjamin Rush during the American Revolution more than a century later noted that 'Many persons of infirm and delicate habits, were restored to perfect health' especially 'hysterical women' (an observation made also by 'Doctor Cullen in Scotland, in the years 1745 and 1746'), but also an increase 'of apoplexies' and 'true melancholy'; and that at its conclusion 'The excess passion for liberty, inflamed by the successful issue of the war, produced . . . a species of insanity which I shall take the liberty of distinguishing by the name of *Anarchia*' (*An account of the influence of the military and political events of the American Revolution upon the human body*, reprinted in *Medical inquiries and observations*, 1794, third edition, vol. 1). Of the French revolution Pinel wrote that its 'storms . . . stirred up corresponding tempests in the passions of men, and overwhelmed not a few in total ruin of their distinguished birthright as rational beings' (*A treatise on insanity*, translated by D. D. Davis, 1806).

Over and above such events there were two further closely connected reasons why the subject attracted attention at this time. One was the widespread fear that insanity was on the increase (in fact was 'considerably upon the increase' concluded Richard Powell in a paper *Observations upon the comparative prevalence of insanity, at different periods*, read at the College of Physicians in 1810), and the other that the growing complexity of life – 'civilization' –

was proving too much for the capacity of man's nervous system. This notion arose from the belief that 'the noble savage' in his natural state was immune to mental illness: 'the finer the organs of the mind have become by their greater development, or their better cultivation . . . the more easily are they disordered. We seldom meet with insanity among the savage tribes of men; not one of our African travellers remark their having seen a single madman . . . the contented peasantry of the Welsh mountains, the Western Hebrides, and the wilds of Ireland, are almost all free from this complaint' according to Sir Andrew Halliday (*A general view of the present state of lunatics, and lunatic asylums*, 1828). In 1820 appeared George Man Burrows' well reasoned statistical study 'Is Insanity an increasing Malady?' (in *An inquiry into certain errors relative to insanity*) in which he granted that 'mental derangement has been truly designated the vice of civilization . . . But does it thence follow, that insanity must be increasing?' He proceeded to demonstrate that the increase was apparent rather than real and depended firstly on 'the powerful interest the subject of mental derangement has excited', and secondly on the development of improved facilities for patients as a result of which 'a vast number, before dispersed, and of course unregistered, were sent into asylums and licensed houses, and greatly augmented the returns'.

Brigham whose most prominent characteristic is said to have been a 'benevolent interest in his fellow men' found a natural outlet for his social feelings in attempting to stem the 'growing tide of insanity' by popular instruction about its causes and prevention. 'In all countries there is an increase of insanity' he wrote, mostly 'from moral causes' which 'are far more operative in the production of this disease, than physical ones' such as 'Pecuniary embarrassments, Domestic griefs, Over exertion of mind, Religious anxiety, Political events, Disappointment in love, Disappointed ambition, Erroneous education, &c.' (*An inquiry concerning the diseases and functions of the brain*, 1840, New York). With two of these he dealt in separate books: *Observations on the influence of religion upon the health . . . of mankind*, 1835 (Boston) in which he 'treated some long established opinions with great freedom . . . candor and honesty. Entertaining a profound respect for religious sentiment, notwithstanding the absurd forms, ceremonies and customs with which it has been connected, he hopes to render it more productive of good, by exhibiting the evils which some of these ceremonies and customs have caused mankind, and which will continue to afflict them, unless they are abandoned'. It was the first attempt at popular instruction on 'erroneous views of religion' which in medical circles had long been accepted as a cause of mental breakdown. Brigham's earlier *Remarks on the influence of mental cultivation upon health* quoted here was equally popular (besides three American editions it appeared in Edinburgh 1836, Glasgow 1839, London 1865) as a guide to mental hygiene with the stress on social influences. His object was 'to awaken public attention to the importance of making some modification in the method of educating children . . . the necessity of giving more attention to the health . . . of the body, and less to the cultivation of the mind' as well as improved 'female education'. When this was achieved he believed 'the people of the United States ought to become the most vigorous and powerful race of human beings, both in mind and body, that the world has ever known'. The extract quoted here is from the chapter 'Influence of mental cultivation and mental excitement, in producing insanity and nervous affections'.

He also founded and edited *The American Journal of Insanity* (1844) which as the *American Journal of Psychiatry* is today the organ of the American Psychiatric Association of which he was also a founder member (one of the original thirteen who met on 16 October 1844 in Philadelphia to found the parent body the Association of Medical Superintendents of American Institutions for the Insane). Interestingly it also was originally designed 'to acquaint the general reader with the nature and varieties of this disease, methods of prevention and cure' [see Figs. 181 and 182].

SOCIAL PSYCHIATRY

Intellectual cultivation, and powerful mental excitement, have a very important bearing upon one of the most appalling and deplorable diseases which afflicts humanity; a disease which now prevails to a great extent in this country, and is, I apprehend, increasing with fearful rapidity. The disease I allude to is *insanity*, or disorder of the organ of the mind, which produces a derangement in the manifestations of the mental faculties.

We have no means of determining correctly, the number of insane persons in the United States, but if there are as many in the other states of the union as in Connecticut, the number cannot be less than *fifty thousand*, or *one* to *two hundred and sixty two* of the population, as is evident from the following facts. In 1812, a committee was appointed to ascertain the number of insane persons then in the state of Connecticut. The members of this committee addressed letters to the physicians, and other persons in every town in the state, requesting correct information upon this subject. They received answers from *seventy towns*, and after much deliberation and enquiry, reported, they were 'satisfied there were *one thousand* individuals within the bounds of the state, mentally deranged, and that the condition of many of them was truly deplorable'. On mentioning this statement, recently, to the distinguished physician of the *Retreat for the Insane*, at Hartford, and my surprise at the great number reported by the Committee, he assured me, it was less than he believed the actual number of insane persons in Connecticut. But if we admit there were 1,000 individuals mentally deranged in 1812, or 1 to 262 of the inhabitants, then there were more than twice as many in this deplorable condition as in any country in Europe, in proportion to the population. The number of the insane in England has tripled within the last twenty years, but still there are but 12,000 in that country, one half of whom are idiots. In Scotland the proportion of insane to the population, is 1 to 574, and in the Agricultural districts of England, 1 to 820. There is however more insanity in England than in any other country of Europe.

An enquiry, therefore, into the *causes* of so much insanity in this country has become very important; and these must be sought in those agents that act upon the brain. I have already shown that insanity is a disease of the brain, and that whatever powerfully excites this organ, may so derange its action as to produce derangement of the mind. Sometimes

this disease is occasioned by *blows* or *falls* upon the head, at other times by inflammation or fevers, which produce an unusual determination of blood to the brain. But far oftener this disease is occasioned by *moral causes*, by violent excitement of the mind, which produces morbid action in some parts of the brain. Thus we find that insanity prevails most in those countries where people enjoy civil and religious freedom, where every person has liberty to engage in the strife for the highest honors and stations in society, and where the road to wealth and distinction of every kind, is equally open to all. There is but little insanity in those countries where the government is despotic. The inhabitants of such countries possess but little mental activity compared with those who live in a republic, or under a representative government. There is but little insanity in China, and travellers state that there is but little in Turkey. The disease is uncommon in Spain and also in Russia out of the large cities. In France there is much less in the country than in the cities. Humboldt states that he saw very few cases of mental derangement among the American Savages. In such countries the spirit of inquiry and improvement is seldom awakened, or is soon stifled when it is; and the inhabitants exhibit but little more mental excitement than the brute creation. In all countries the disease prevails most among those whose minds are most excited. Aristotle noticed in his day, the great prevalence of insanity among statesmen and politicians. It is said the disease prevails most among those whose minds are excited by hazardous speculations, and by works of imagination and taste; and but little among those whose minds are exercised only by calm enquiry. The registers of the Bicetre, in France, show, that the insane of the educated classes consist chiefly of priests, painters, sculptors, poets and musicians; while no instance of the disease in naturalists, physicians, geometricians or chymists has occurred. In all ages and countries, insanity has prevailed most in times of great moral and mental commotion. The crusades, and the spirit of chivalry that followed them, the reformation of Luther, the civil and religious discords of Europe, the French Revolution, the American Revolution, greatly multiplied cases of insanity. So true is it, that moral and mental causes excite this disease, that Esquirol says he 'could give the history of the revolution, from the taking of the Bastile until the last appearance of Bonaparte, by that of some Lunatics, whose insanity relates to the events which have distinguished this long period'.

Not only do the commotions which powerfully affect the minds of people, occasion immediate insanity in adults, but they *predispose the next generation to this terrible disease*; and this is a fact that deserves great consideration. Esquirol says that many women, strongly affected by the events of the Revolution, bore children, that the *slightest cause rendered insane.* He is supported by others in this opinion, that strong mental emotion of the mother, predisposes the offspring to insanity. Children do not, to be sure, often become insane, though they do occasionally, from strong mental excitement, and injudicious development of the moral faculties.

Esquirol has seen children rendered insane by jealousy, by fear, and the severity of their parents; and Pinel has made the same observation . . . But though mental excitement may not often produce insanity during childhood, it may predispose a person to this terrible disease; and I believe it does by giving an early predominance to the nervous system . . .

In view of these few brief facts respecting *Insanity*, we are forced to believe, that among the causes of the great prevalence of this disease in this country, are the following:

First, Too constant and too powerful excitement of the mind, which the strife for wealth, office, political distinction, and party success, produces in this free country. Second, The predominance given to the nervous system, by too early cultivating the mind and exciting the feelings of children. Third, Neglect of Physical education, or the equal and proper development of all the organs of the body. Fourth, The general and powerful excitement of the female mind.

CHARLES TURNER THACKRAH (1795–1833)

MRCS, LSA, medical practitioner and 'town's surgeon' responsible for the care of poor-law patients in the slums of Leeds; teacher of anatomy and lecturer at the Leeds Medical School which he helped to found

The effects of arts, trades, and professions, and of civic states and habits of living, on health and longevity: with suggestions for the removal of many of the agents which produce disease, and shorten the duration of life, 1832 *London, Longman* et al. Second edition pp. 162-7, 174-5

First published London 1831; 'second edition' Philadelphia 1831

From his 'own observations in practice' among the labouring poor of Leeds and diligent enquiry and inspection of 'the several kinds of employ', Thackrah compiled this classic of industrial medicine in order 'to excite the public attention' to the fact 'that 50,000 persons die annually in Great Britain from the effects of manufactures, civic states, and the intemperance connected with these states and occupations . . . sacrificed to the artificial state of society . . . whom the destinies of nature would have spared'. It was the first English compilation on 'the important relations' of 'manufactures . . . to health and longevity' and the first to stress the importance of 'the prevention of diseases' disregard of which 'would strip the [medical] profession of its noblest attribute, that of benevolence' as well as limiting 'its utility and its honours'.

'For the convenience of our inquiry' Thackrah divided 'society into five great classes, viz.: I. Operatives, II. Dealers, III. Master-manufacturers and Merchants, IV. Men independent of business and labour, V. Professional Men' and examined 'the state of these severally . . . the atmosphere they breathe, – the muscular exercise they take, – the variations of temperature and humidity to which they are exposed, – their diet and habits of life, – and finally, in some classes, the state of mind'. As regards the last he was particularly concerned to show the influence of 'civilization' which had in his opinion become an important cause of disease. Thus 'mercantile men' who 'think when they ought to eat' suffer by the fact that 'The animal operations are sacrified to calculation, speculation, and commercial arrangement', while the health of doctors is impaired particularly by 'anxiety of mind'. It seems that every age thinks its own time the most stressful and today the concept of 'stress diseases' foreseen by Thackrah has become a favourite in discussions on the apparent increase in frequency of such diverse conditions as coronary artery occlusion, gastro-duodenal ulceration and migraine, especially in what are called high pressure business men.

Merchants and Master Manufacturers . . . Of the causes of disease, anxiety of mind is one of the most frequent and important. When we walk the streets of large commercial towns, we can scarcely fail to remark the hurried gait and careworn features of the well-dressed passengers. Some young men, indeed, we may see, with countenances possessing natural cheerfulness and colour; but these appearances rarely survive the age of manhood . . . Civilization has changed our character of mind as well as of body. We live in a state of unnatural excitement; – unnatural, because it is partial, irregular, and excessive. Our muscles waste for *want* of action: our nervous system is worn out by *excess* of action. Vital energy is drawn from the operations for which nature designed it, and devoted to operations which nature never contemplated. If we cannot adopt the doctrine of a foreign philosopher, 'That a thinking man is a depraved animal', – we may without hesitation affirm, that inordinate application of mind, the cares, anxieties, and disappointments of commercial life, greatly impair the physical powers. The various disorders, generally known under the name of indigestion, disorders dependent on a want of circulation of blood through the bowels, biliary derangements, constipation, and headach, are well known to be the general attendants on trade, closely pursued . . . The physical evils of commercial life would be considerably reduced, if men reflected that the success of business may be prevented by the very means used to promote it. Excessive application and anxiety, by disordering the animal economy, weaken the mental powers. Our opinions are affected by states of the body, and our judgment often perverted. If a clear head be required in commercial transactions, a healthy state of the body is of the first importance; and a healthy state of body is incompatible with excessive application of mind, – the want of exercise and of fresh air. But subjects like this find no entry in the books of our merchants. Intent on their avocations, they strangely overlook the means necessary for pursuing them with success. They find, too late, that they have sacrificed the body to the mind. And why this perversion of nature? Why do we think and toil? To obtain wealth, and thus increase our means of happiness. But will wealth compensate for the evils which attend it? Its acquisition produces – will its possession remove, functional or structural maladies? Will it banish those thousand nervous and hypochondriacal feelings which produce more misery than even organic disease?

Practitioners of medicine and surgery . . . Our office requires that a considerable portion of time be daily devoted to study, and the rest to professional visits. These, of course, afford exercise in the open air, and thus tend to invigorate health; while, on the contrary, the application of mind to study and research tends to impair it. Night-calls are generally thought to be very injurious. I think the evil less than the public and the

profession suppose; for, if we observe those who have for thirty or forty years been much engaged as accoucheurs, we shall find them as robust as others. Anxiety of mind does more, I conceive, to impair health, than breach of sleep, nocturnal exposure, or irregularity in meals. The body suffers from the mind. That sense of responsibility which every conscientious practitioner must feel, – the anxious zeal, which makes him throw his mind and feelings, into cases of especial danger or difficulty, – break down the frame, change the face of hilarity to that of seriousness and care, and bring on premature age. *Ramazzini* speaks very differently on the subject. He says that medical practitioners are comparatively exempt from ordinary diseases, in consequence of their good exercise, and their *hilarity* of mind, when they go home with their fees in their pockets.

RALPH FLETCHER

A PSYCHOSOMATIC CASEBOOK, 1833

SKETCHES

FROM THE CASE BOOK,

TO ILLUSTRATE THE INFLUENCE

OF

THE MIND ON THE BODY,

WITH THE

TREATMENT

OF SOME OF THE MORE IMPORTANT

BRAIN & NERVOUS DISTURBANCES

WHICH

ARISE FROM THIS INFLUENCE.

By R. FLETCHER, Esq.

SURGEON TO THE GLOUCESTER GENERAL HOSPITAL, AND CONSULTING SURGEON TO THE LUNATIC ASYLUM, NEAR GLOUCESTER.

LONDON:

PRINTED BY J. BARFIELD, WARDOUR STREET,
PRINTER TO THE KING'S MOST EXCELLENT MAJESTY.
AND SOLD BY
LONGMAN AND CO., PATERNOSTER ROW; SIMPKIN
AND MARSHALL, STATIONERS' HALL COURT;
AND GUMM, GLOUCESTER.

1833.

FIG. 163 Title-page of *Sketches from the case book, to illustrate the influence of the mind on the body*, 1833, by Ralph Fletcher (1781-1851) MD Edin., leading surgeon in the West Country and surgeon to Gloucester Infirmary, Dispensary and Lunatic Asylum, the first psychosomatic casebook based on personal experience.

'The object of the following pages, is to show, so far as it can be done from my own practice, the power of the brain in disordering the health. This power is limited to its functions, and has no reference to any disturbances of health from organic changes in its structure. The brain . . . transmits the mischief from the

mind, which dictates its operations'. Fletcher had a degree of psychological sympathy and insight remarkable for a surgeon or physician not only of his day. For instance in a chapter 'On the Mind, as influencing the Fate of great Operations' he advised the surgeon to visit his patient 'to know the exact condition of the nervous system, so much influenced by the mind' and 'to calm the deep felt anxiety, raise the spirits, and excite the confidence'. 'Not to see every patient on the eve of a great operation' he held to 'be a culpable neglect on the part of the surgeon'. In another place he wrote: 'medical men would often be more usefully employed, in tracing out the wretched wanderings of a distracted mind to their source . . . than in prescribing physic and enemas only'.

His remarks on what today is called psychotherapy would still grace any introduction to the subject: 'The mind, in a disordered state, has little power over its own actions . . . [it] often requires the aid of another, whose precision, coolness, and knowledge, may be equal to the . . . difficult and delicate undertaking. The exercise of reason, unseasonably recommended to the patient, is often but the exercise of folly on the part of the adviser . . . You forget that he possesses as much reason as yourself, and has tried on its aids without success. Nor is it indeed reasonable to suppose, that you can drive away with argument, the most heartfelt disappointments, and long built up miseries of the sensitive man. As soon, therefore, as you begin to utter the string of common-place truisms, usual upon these occasions . . . it may be expected that the patient's confidence, in your understanding, is rapidly passing away. Quickly discovering your ignorance of human nature, the eye, which beamed with pleasure on your arrival, lowers and retires within its socket, as you proceed in your learned discourse'. For the rest, the tone of Fletcher's book is shown by chapter headings like 'Mental Indigestion from domestic Misery', 'Irritable Brain continued by a physical Irritation supervening on a Mental one, which was its Origin', 'Aphonia, or Loss of Voice, from the Mind', etc.

DAVID UWINS (?1780–1837)

MD Edin., LRCP, medical practitioner of Aylesbury and London; physician to the Royal Free Hospital, the City and Finsbury Dispensaries, and to Peckham House Asylum, Surrey

A treatise on those disorders of the brain and nervous system, which are usually considered and called mental, 1833 *London, Renshaw & Rush* (pp. iv + 235) pp. 13-4, 105-6, 183-4, 162-3, 171-4

In the first half of the nineteenth century a number of commentaries on mental diseases were published which though they did not add to practical knowledge from personal experience like Cox's or Hallaran's, nor combined a survey of the literature with contemporary practice like Burrows', nevertheless furnished a valuable record of how doctors interested in the nervous and insane thought about them and what theories and treatments they found helpful; and occasionally they contained an observation, critical judgment or novel view which proved fruitful at a later time. Among these may be mentioned John Syer's *A dissertation on the features and treatment of insanity*, 1827, Joseph Ashley Gaitskell's *On mental derangement*, 1835 (Bath) and William B. Neville's *On insanity; its nature, causes, and cure*, 1836 and 1837, but in many ways the most original was Uwins' book. He was a general physician interested in 'those disorders of the brain . . . which are usually considered and called mental' (that is in psychiatry rather than neurology) and as visiting physician to Peckham House, a private asylum opened in 1825 of some size with an average yearly admission of more than one hundred patients, had 'constantly under his care every grade and every shape of deranged intellect'. He did not 'attach much value . . . to the kinds and shapes of [lunacy] as marked out by authors' but believed that 'nervous aberration is a matter of degree rather than kind'; and 'as we are without an actual standard of mental propriety, the deviations from a supposed point, are not susceptible of nosological demarcations'. In fact 'The nosological distinctions of systematic authors are not only arbitrary . . . but positively fallacious and absurd, when made to designate disease as something abstract and specific. Derangement is a circumstantial, a relative affair'. This also explained why 'The opinion of medical men given in courts of law on the subject of insanity is often discrepant in a disgraceful degree; and it is so because a point is assumed . . . where sanity ends and derangement commences'. But his attitude proved to be against the trend of the times, and increasingly accurate separation of 'mental' diseases led not only to better understanding of the hodge-podge called insanity but also to the discovery of a number of important neurological diseases such as general paralysis of the insane. Today the pendulum has swung back and the tendency is again away from minute symptomatological classification since it has been realised that many patients if

sufficiently disturbed run through the gamut of psychiatric symptomatology sooner or later. For instance 'It has been absurdly enough made a question', objected Uwins, 'whether hypochondriasis in men and hysteria in women be the same complaint, as if either of them was an actual specific distemper like small pox, or were at all capable of being considered apart from the subject of it'. This is the tendency of modern psychiatry, namely to focus more and more on the patient and his personality rather than on an illness. Uwins' attitude was also enlightened in regard to sexual problems. He conceived it to be 'part of the duty of a writer on mental alienation to touch more directly, or more indirectly, upon all the sources of insane feeling', and quoted with approval Thomas Beddoes' suggestion 'that from early years, children of both sexes should be initiated into the mysteries and secrets of connected existence'. In this way he hoped it would be possible to guard 'against unhappy occurrences, in reference to sexual circumstance' in later life.

The extracts quoted deal with three topics much in the air in Uwins' time. First, the question whether phrenology would be able to explain the manifestations of mental illness in terms of over or under activity of specific nerve centres and so make redundant speculation of the somatic schools about a hoped for brain pathology, as well as the 'conceits' of 'medico-metaphysicians' of the psychological schools. Second, there was the question of a relation, positive or negative, between madness and religion which had been debated since the eighteenth century, some claiming exemption for certain sects, others apportioning to them an excess of mental breakdown. Just as discussion was dying down it was reopened by the *Act to regulate the care and treatment of insane persons*, 1828 which after a brief preamble stated that 'the Hopes and Consolations of Religion may soothe and compose the Minds of Patients, and thereby tend to subdue the Malady under which they are suffering', and required 'Commissioners and Visitors upon their several Visitations' to 'inquire whether and what Times Divine Service is read and performed for the Benefit and Consolation of . . . the Patients, or what Religious Aid they receive'. If none 'the Keeper . . . shall state . . . the Reason . . . thereof'. Uwins' opinion was that this measure was 'founded rather upon benevolent feelings, than upon much knowledge of . . . insanity'.

In the final extract he pleaded for individualised or what is today called psychological treatment, as against the general tendency of combating symptoms with drugs. However, he realised that 'mental stimuli' were neither 'of easy management' nor 'general success' and recorded a case in which his 'mental medicinals' had failed yet the patient recovered under quite unforeseeable circumstances.

MIND AND MATTER: ABSTRACT SPECULATION

As on all hands, and by all theorists, it is admitted that the brain and nerves are in some mode or other the media of perception and consciousness, writers on madness have evinced an anxiety to acquire a knowledge of the laws by which these organs and their functions are regulated, on this ground; that, could we ascertain the precise circumstances of mental health, we should be better qualified to mark out and map those manifold

deviations from it, to which all are obnoxious. But philosophers and physiologists, in their researches on this head, have all egregiously failed . . . and, if metaphysicians, have been bad – medico-metaphysicians have been still worse, '*All* medical doctrines', says Dr. James Gregory, in his blunt and forcible manner, 'are stark staring nonsense'; and it cannot be denied, that the disputations of the schools afford considerable justification to this sweeping condemnation of pathological theory. Thought, says one writer, is a secretion from the brain, as bile is from the liver. Ideas, says another, are vibrations and vibratiuncles. A third calls them configurations of the organs of sense. These are all modern – very modern conceits – and the individuals who have broached them are men of high intellect, and of moral worth. In what, however, do the conceits themselves differ from, but in their being more vague and unphilosophical than the phantasms of Plato, the Pineal gland of Descartes, and the Archæus of Helmont?

Whence all this nothingness of abstract speculation? Why it is *because* the inquiries have been abstract, that they have so lamentably failed. The essential distinction has been lost sight of between final and efficient cause. A point has been assumed, where matter ends, and mind begins; analogies have been eagerly sought for, while it has not been duly considered that the very terms mind and matter are gratuitous, and in no wise expressive of essence. Thus philosophy has been made a species of poetry – to 'airy nothings' have been given 'habitations and names' – and the whole fabric of medico-metaphysical speculation comes out to be merely formed of 'the stuff which dreams are made of'.

Has the new organology at all assisted our extrication from these 'muddy depths of everlasting nonsense?' Have they sent physiological and pathological researches into the right path of pursuit? Have Gall and Spurzheim thrown out any intimations respecting mind, or rather its media, which may prove at last *ad rem*?

RELIGIOUS INSTRUCTION OF LUNATICS

Religion, as a source of madness, I have already alluded to. I have already allowed that there have occasionally been too much of cloven-foot covert intimations in reference to this point, which might, in justice to the cause and in respect to individuals, have been dispensed with. I have no right, indeed, to question motive on either side, but I certainly do think that opinions on the evil tendency of even erroneous faith may have been unconsciously exaggerated by prejudiced observers. The plain case, as I have elsewhere stated, I take to be this: in constitutions prone to mental aberration, or among individuals so framed and circumstanced, that an exciting cause is only wanting to bring the latent tendency into life and action, vivid representations or conceptions respecting the awful concerns of futurity, are perhaps more operative in overturning the understanding

than any other single excitement. But madness, for the most part, is a complicated effect; and it must ever be recollected, that despondent feelings and maniacal horrors, on the score of religion, are more frequently the consequence than the cause of the condition we deplore . . . I hope not to be suspected of a desire to advance any thing against the interests of true religion, when I intimate that the remedy applied for from spiritual instructors is sometimes destructive of its own design; and it is in such affections as those to which I am now referring, that the truths and solemnities of religion must be impressed on the mind with a zeal that shall be well regulated by good sense, and limited by discrimination.

In regard 'to religious instruction of lunatics', where the mind is completely alienated, I am of opinion also that the anticipations of those who, in the best spirit, proposed it, will be miserably disappointed. Even the daily reading of prayers is nugatory, if not farcical, before an indiscriminate assembly of mad persons, and can only be justified upon the principle that diurnal or periodical exercises of a spiritual kind, may have a tendency to preserve order in an establishment – in some measure to humanize those who are not so far gone in moral alienation, as to be without some sense of spiritual accountability – and perhaps the minds of the attendants, whose routine of duty is calculated to foster any thing but religious impressions, may, in some measure or in some instances, be preserved from complete obliteration of such impressions, by the mere formality of even prayer-reading. Beyond these probable and by no means certain benefits, is has appeared to me, in fact, as I confess I should beforehand have expected, that the legislative provision of a spiritual instructor for a mad-house has been founded rather upon benevolent feelings, than upon much knowledge of the constituents of insanity.

NOSOLOGY AND TREATMENT

I think, for the most part, we are too much inclined to judge of remedies in the abstract, and not sufficiently to take into account the intricate windings, the irregular workings, and at all times the varied sensibility in the nerves of our respective patients. We practise too *nosologically* – we find out names, and record symptoms, and think of the antidotes to these symptoms, as a chemist thinks of neutralizing an acid, or oxydating a metal. We forget that we are operating upon life as well as matter. Now in nervous derangements, more specifically and properly so, this commonplace method of contriving remedy is especially to be avoided; for here we rather infer than witness, rather conclude from data, than reason from evidence. In disturbed or deranged function, the proof of the derangement is of a different kind from what it is when structure is more visibly or tangibly implicated . . . My intention is . . . that of urging the necessity of some more general and enlarged views than the mere dealers in drugs take of sentient disorder. A great deal still remains, after all that may be

written, for the exercise of individual judgment . . .

Let me again and again protest against wishing to represent mental stimuli of easy management, and of general success. At times you fail most in attempting the attack upon points which, *a priori*, seem to promise the most success, and mere accident will often accomplish for you and your patient what months of judicious trials will be unequal to. I remember a patient of mine, in Buckinghamshire, who having fallen into a nervous or hypochondriac state, yielded to the wishes of an intimate friend, that he would take a journey with him into a distant part of the country, and expose himself to scenes and circumstances of former enjoyment. He complied, as I have stated, with the desire of his companion and other friends; but, still, wherever he went, or whatever he saw, was alike indifferent to him. An extinguisher was on his perceptions; he saw, but he did not feel. The individual who travelled with him was about to return to Aylesbury with his melancholy companion, when, on entering a town in the west of England, a sudden shower of rain unexpectedly overtook them. A man on horseback, who was riding in the same direction, had so grotesquely accoutred himself, in the hurry of guarding against a thorough wetting, that the melancholic of whom we are speaking burst into a violent and loud laugh; from that moment he was a well man, and returned to his friends with a countenance cheerful and a mind unburthened. Well might the French writer, whom I have quoted . . . talk of an *atome deplacé*, when contemplating such occurrences as these; and well may we pause before we can commend any plan of mental or physical medicinals as of facile contrivance or unvaried success.

JAMES COWLES PRICHARD (1786–1848)

MD Edin., hon. MD Oxon, FRS, physician to St Peter's Hospital 1810 and Bristol Infirmary 1816; Commissioner in Lunacy, 1844–8; ethnologist

A treatise on insanity and other disorders affecting the mind, 1835 *London, Sherwood* et al. (pp. xvi+483) pp. 12-26, 380-4, 398-9

An American edition Philadelphia 1837

A

TREATISE

ON

INSANITY

AND

OTHER DISORDERS AFFECTING THE MIND.

BY

JAMES COWLES PRICHARD, M.D. F.R.S.

CORRESPONDING MEMBER OF THE INSTITUTE OF FRANCE; MEMBER OF THE ROYAL ACADEMY OF MEDICINE OF PARIS, AND OF THE PHILOSOPHICAL SOCIETY OF SIENNA; SENIOR PHYSICIAN TO THE BRISTOL INFIRMARY.

"Usquaedeo res humanas vis abdita quaedam
Obterit——
Quid mirum si se temnant mortalia saecla!"

LONDON:

SHERWOOD, GILBERT, AND PIPER,

PATERNOSTER-ROW.

1835.

FIG. 164 Title-page of J. C. Prichard's *Treatise* . . ., 1835.

Prichard was the first English psychiatrist who separated from the omnibus 'insanity' a 'new' group of mental disorders which he called 'moral insanity' and so added a new term to psychiatric nosography. He gave a brief description of it in an article on insanity he contributed (as well as those on delirium, hypo-

chondriasis, somnambulism and animal magnetism, soundness and unsoundness of mind and temperament) to *The cyclopædia of practical medicine*, 1833–5 (edited by J. Forbes, A. Tweedie, and J. Conolly). This he enlarged into his famous *Treatise on insanity* quoted here in which he surveyed 'the *present state* of knowledge and opinion on the whole subject of diseases affecting the mind' combining a thorough knowledge of English, French, German and Italian literature with nearly a quarter of a century's personal experience. The book remained the standard text until Bucknill and Tuke published their *Manual* in 1858 [see FIG. 204]. He dedicated it to Esquirol the only 'writer on insanity at that period from whom he could obtain help on a considerable scale' wrote D. H. Tuke (*Prichard and Symonds*, 1891) and as he also freely quoted other Continental authors he was reproached for neglecting the labours of his fellow countrymen both of that and the previous century. However it must be remembered that the French school was then setting the pace of clinical advance and the German applying psychology to the understanding of mental illness, while English physicians were more concerned with improving the conditions and treatment of the insane in asylums in which they led the field.

Prichard followed the classification of J. C. A. Heinroth (1773–1843), professor of psychological medicine at the University of Leipzig, who divided mental diseases into three classes according to the three divisions of mental faculties of philosophers, 'those of the feeling or sentiment, the understanding, and the will', and each further into states of exaltation or depression. These primary disorders could occur in pure or mixed forms. Because 'propensities . . . are so nearly allied to passions and emotions' Prichard combined 'disorders of affection or feeling' with 'those of the active powers or propensities' under one head to which he gave 'the designation of Moral Insanity'. As a synonymous 'single compound epithet' he suggested 'Pathomania, in coincidence with the Monomania of M. Esquirol'. For states of excitement of the intellectual faculties he retained the terms monomania and mania, equivalent to partial and general insanity, and for their depression or loss 'Incoherency or Dementia' (which incidentally he subdivided into three stages). He pointed out that the term melancholia had 'become improper in modern times' because it had acquired the connotation of 'grief or mental dejection' whereas anciently it had conveyed no such idea but 'meant simply to be mad, to be out of one's mind . . . without any reference to lowness of spirits'.

At the end of the eighteenth century Rush had drawn attention to disorders of the moral faculty (defined as the power of distinguishing good from evil) as properly belonging to medicine, and Pinel at the beginning of the nineteenth had described as suffering from 'mania without delirium' patients 'who at no period gave evidence of any lesion of the understanding, but who were under the dominion of instinctive and abstract fury, as if the active faculties alone sustained the injury'. But it was Prichard who first put at the centre of the psychiatric map the many mental disorders which reveal themselves only by disturbances of affect and behaviour and which had been largely neglected at the periphery. Reading his histories it is clear that he cast his net far too wide and included a diversity of cases which would today fall into such categories as mental subnormality, schizophrenic states, manic-depressive psychosis, psychopathy, and the personality changes consequent upon organic disease of the central nervous system and degenerative conditions such as the 'senile insanity'

of G. M. Burrows. Nevertheless at his time it was a considerable advance, almost revolutionary, to equate with insanity proper cases without those twin features delusions and hallucinations which had long been and indeed still are considered the hallmark of the mad, and without that deprivation of the use of reason from which it was inseparable in law [see Erskine 1800 and McNaughton Rules 1843].

Prichard's 'moral insanity' was the first psychiatric diagnosis which became the subject of controversy not only because of its novelty and ill-defined boundaries but because it implied a specific lesion of the mind, that is a psychological etiology. And as so often happens when controversy rages about the validity of something new, there arises simultaneously an opposition which claims that it had all been done before. This happened to Prichard so that in 1840 he was forced to state his claim to priority: 'Moral insanity, though a well-marked and frequently occurring form of mental derangement, was first recognised and described by the writer' (article on *Insanity* in *A system of practical medicine comprised in a series of original dissertations*, edited by A. Tweedie, vol. 2). In fact succeeding generations gradually whittled away the conditions Prichard had subsumed under it until at the present time 'moral insanity' is represented only by its direct heir 'psychopathy', used no more precisely and much misused to hide lack of psychological understanding and excuse therapeutic impotence. And just as one may read in modern literature statements like 'I cannot define a psychopath but I know one when I see him', so one may read in D. H. Tuke's *Dictionary of psychological medicine*, 1892 that moral insanity is 'a form of mental disease, in regard to which so much difference of opinion exists among mental physicians . . . [that it] calls for dispassionate consideration, and a mode of treatment altogether free from heated assertion and dogmatism. We have no doubt that . . . the divergence of sentiment among medical men . . . is due to the want of definition of the terms employed in discussing the question. Probably those who entertain different views on moral insanity would agree in their recognition of certain cases, as clinical facts, but would label them differently'. To some extent therefore Prichard was also responsible for rendering acute psychiatry's besetting problem of semantics which allows the same terms to be used with different meanings by some, while others use different ones to mean the same.

Today when the whole question of criminal reponsibility is under review, Prichard's work has gained renewed importance for instance in such concepts as diminished responsibility and irresistible impulse. On this aspect he himself enlarged in a separate book *On the different forms of insanity, in relation to jurisprudence, designed for the use of persons concerned in legal questions regarding unsoundness of mind*, 1842 (a second edition 1847).

Prichard's *Treatise on diseases of the nervous system . . . comprising convulsive and maniacal affections*, 1822 contained detailed accounts of the clinical features of the epilepsies including 'epileptic delirium' and the first mention of *status epilepticus* as well as of the post-ictal plegias today eponymously connected with the name of R. B. Todd (1854). It was based on the case books and his own patients at the Bristol Infirmary and at St Peter's Hospital where the lunatic poor of Bristol, officially called 'frenzy patients', had been housed since 1699. It is therefore an important book in the history of neurology and illustrates – as its title implies – that psychiatry and neurology were not then separate as they

are today, and organic disturbances of higher cerebral functions fell within the purview of the psychological physician [see also Crichton's (1798) account of aphasia].

Prichard was the first practising psychiatrist who was appointed a Commissioner in Lunacy. And lastly, he achieved at least equal fame by his writings on ethnology and related subjects.

MORAL INSANITY

This form of mental derangement has been described as consisting in a morbid perversion of the feelings, affections, and active powers, without any illusion on erroneous conviction impressed upon the understanding: it sometimes co-exists with an apparently unimpaired state of the intellectual faculties. There are many individuals living at large . . . of a singular, wayward, and eccentric character . . . In many instances it has been found that an hereditary tendency to madness has existed in the family, or that several relatives of the person affected have laboured under other diseases of the brain. The individual himself has been discovered to have suffered, in a former period of life, an attack of madness of a decided character. His temper and dispositions are found to have undergone a change; to be not what they were previously to a certain time: he has become an altered man, and the difference has, perhaps, been noted from the period when he sustained some reverse of fortune . . . In other instances, an alteration in the character of the individual has ensued immediately on . . . a disorder affecting the head . . . In some cases the alteration in temper and habits has been gradual and imperceptible, and it seems only to have consisted in an exaltation and increase of peculiarities, which were always more or less natural and habitual . . .

I have already had occasion to observe that the existence of moral insanity as a distinct form of derangement has been recognized by Pinel . . . M. Esquirol . . . regards at least the perverted state of the moral feelings as not less essential to insanity than that of the intellectual faculties, and even as furnishing in some instances the whole manifestation of the disorder . . . M. Georget has described a morbid state of the feelings and active principles of the mind, or of the propensities and habits, as a particular modification of madness . . . It must be remarked that, although M. Georget has described this state of disease as a first stage, or as what he terms, with M. Esquirol, the *incubation* of madness, yet as he says that it often lasts through the life of the individual, we may consider his testimony as given, in point of fact, in favour of the real existence of the disorder here described, as a particular modification of insanity . . .

The term which I have adopted as designating this disease, must not be limited in its use to cases which are characterised merely by preternatural excitement of the temper and spirits. There are many other disordered states of the mind which come under the same general division. In fact,

the varieties of moral insanity are perhaps as numerous as the modifications of feeling or passion in the human mind. The most frequent forms, however, of the disease are those which are characterised either by the kind of excitement already described, or by the opposite state of melancholy dejection. One of these is, in many instances, a permanent state; but there are cases in which they alternate or supersede each other; one morbid condition often lasting for a time, and giving way, without any perceptible cause, to an opposite state of the temper and feelings . . . A considerable proportion among the most striking instances of moral insanity are those in which a tendency to gloom or sorrow is the predominant feature. When this habitude of mind is natural to the individual and comparatively slight, it does not constitute madness; and it is perhaps impossible to determine the line which marks a transition from predisposition to disease; but there is a degree of this affection which certainly constitutes disease of mind, and that disease exists without any illusion impressed upon the understanding . . . A state of gloom and melancholy depression occasionally gives way after an uncertain period to an opposite condition of preternatural excitement . . . In this form of moral derangement the disordered condition of the mind displays itself in a want of self-government, in continual excitement, an unusual expression of strong feelings, in thoughtless and extravagant conduct . . . Not unfrequently persons affected with this form of disease become drunkards . . .

One of the most striking of these forms is distinguished by an unusual prevalence of angry and malicious feelings, which arise without provocation or any of the ordinary incitements. All the examples of madness without delirium reported by Pinel belong to this class of disorders. On this account the cases described by Pinel failed for a long time to produce conviction on my mind, as to the existence of what he terms *manie sans délire*, or *folie raisonnante*. I am now persuaded that he was correct in his opinion, and I have even been led to generalise his statement . . . Medical writers . . . have generally endeavoured to reconcile these phenomena with the established opinion respecting the nature of insanity, by assuming, on conjecture, the existence of some undetected illusion. These conjectures have their foundation in attachment to system; they are not supported by facts. There are instances of insanity in which the whole disease, or at least the whole of its manifestations, has consisted in a liability to violent fits of anger breaking out without cause . . . When the morbid phenomena include merely the expressions of intense malevolence, without ground or provocation actual or supposed, the case is strictly one of the nature above described. In many instances the impulses or propensities to which the individual is subject, rather than his feelings or habitual temper and disposition, give the principal or the sole manifestations of insanity. This is the form of madness to which, when accompanied with excitement, Reil, Hoffbauer, and other German writers . . . have termed *reine tollheit* . . . A propensity to theft is often a feature of moral insanity, and sometimes it is

its leading if not the sole characteristic . . . There is reason to believe that this species of insanity has been the real source of moral phenomena of an anomalous and unusual kind, and of certain perversions of natural inclination which excite the greatest disgust and abhorrence . . .

The prognosis in cases of moral insanity is often more unfavourable than in other forms of mental derangement. When the disorder is connected with a strong predisposition, it can scarcely be expected to terminate in recovery. Such we must conclude to be the case in those instances in which the phenomena bear the appearance of an increase or exaltation of peculiarities natural to the individual, and noted as remarkable traits in his previous habits.

RELATION TO CRIMINAL LAW

In the preceding pages of this work I have described a form of mental derangement, under the title of moral insanity, consisting in disorder of the moral affections and propensities, without any symptom of illusion or error impressed on the understanding. The question whether such an affection really exists or not is very important in connexion with medical jurisprudence . . . I must first observe that no such disorder has been recognized in the English courts of judicature, or even admitted by medical writers in England. In general, it has been laid down that insanity consists in, and is co-extensive with, mental illusion. English writers admit only that form of insanity which the Germans term *wahnsinn*; they know nothing of moral insanity either as requiring control in the exercise of civil rights, or as destroying or lessening culpability in criminal ones . . . It seems . . . to have been the prevalent judgement both of medical and legal writers in this country, that *delusion*, or as medical writers express themselves, illusion and hallucination constitutes the essential character of insanity, and hence, unless the existence of this characteristic phenomenon should be proved, it would be very difficult to maintain a plea on the ground of insanity in this country, with a view to the removing culpability in a criminal accusation. It would be doubtless of advantage to have an opportunity of resorting at once to a criterion so decisive and intelligible, and *in general* so easily brought into evidence, if it were only true in point of fact that insanity always involves that particular circumstance which is supposed to be characteristic of it. Unfortunately the reality is otherwise. I am fully persuaded that the time is not far distant when the existence of mental disorder unaccompanied by illusion or any lesion whatever of intellect, will be generally recognised.

The conclusion that eccentricity of habits or character is not, as implied by common expressions, allied to madness, but actually constitutes in many instances a variety of mental derangement, is of some consequence in respect to one point of criminal legislation. Various cases are on record in which homicides and other atrocious acts have been committed by

persons of morose and wayward habits, given up to sullen abstraction, or otherwise differing in their propensities and dispositions from the ordinary character of mankind. In the investigation whether such acts of violence are attributable to insanity or not, it will be important to note the fact that the peculiarities of conduct for which the perpetrators had been otherwise remarkable are sufficient to afford in themselves a strong suspicion of insanity . . . The difficulties with which administrators of justice have to contend in distinguishing crimes from the result of insane impulse will never be entirely removed, but they will be rendered much less important when the good sense of the community shall have produced the effect of abolishing all capital punishments. That this will sooner or later happen I entertain no doubt. Many persons have begun already to hesitate as to the moral rectitude of putting men to death in cases in which the powerful motive of self-defence cannot be pleaded, and when it is easy to keep the offending individual out of the way of committing further mischief.

GEORGE COMBE (1788–1858)

Phrenologist, writer to the Signet

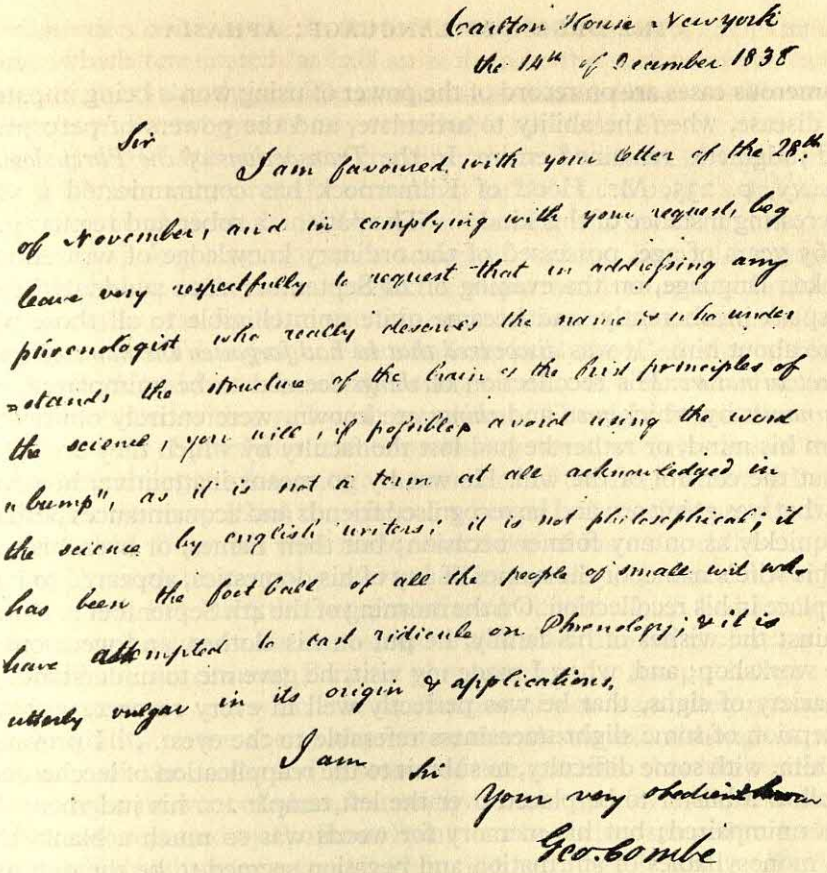
A system of phrenology, 1836 *Edinburgh, Maclachlan & Stewart* Fourth edition 2 vols (pp. 950) Vol. 2, pp. 553-60

Disturbances of speech whether in form or content are important features of both psychiatric and neurological disorders and were of course noted from earliest times but curiously only in association with hemiplegia and dementia when they were attributed to paralysis of the tongue muscles or loss of wits. As an isolated phenomenon they attracted almost no notice [see Crichton 1798] until the advent of phrenology. Gall had been impressed as a boy by some of his school fellows who had great talent for learning by heart and who also had prominent eyes, and this observation first gave him the idea that specific mental faculties were located in specific cerebral organs which in turn were revealed by specific physiognomonic and craniological signs. 'This observation' recorded Spurzheim (1815) 'was the commencement of all his future inquiries into psychology', and indeed it was an 'organ of language' which Gall first postulated and which as the 'speech centre' was the only one of his twenty-seven destined to survive the test of time. Originally he divided it into two parts: one 'lying on the posterior half of the supra-orbital plate, and, when large, pushing the eye outwards . . . gives a talent for learning and recollecting words'; the other 'placed on the middle of the anterior part of the supra-orbital plate . . . not only an excellent memory for words, but a particular disposition for the study of languages' [see FIG. 145, organ 33]. Spurzheim later admitted 'only one organ of Language, lying transversely, on the posterior portion of the supra-orbital plates' on the inferior surface of the frontal lobe, a view with which George Combe (from whom these quotations are taken) agreed. How this claim which owed its inception to the rationalisation of a schoolboy's envy was finally convincingly demonstrated to the neurological world in 1861 by Broca whose patient with '*aphémie*' (later termed aphasia by Trousseau) had a lesion in the posterior part of the third left frontal convolution and how this paved the way for the discovery of the motor cortex by Fritsch and Hitzig and David Ferrier in the 1870s cannot be told here. But how it stimulated clinical interest in the different types of speech disorder and their cerebral pathology is illustrated in this extract.

It was in fact to the Combe brothers almost as much as to Spurzheim that Gall's doctrine owed its widespread popular and scientific appeal. Although not qualified medically but a serious student of human and scientific affairs, George Combe's sustained enthusiasm expressed in lectures and in print and his emphasis on the important philosophical implications of phrenology which gave man's superiority a biological place in nature, and education a basis and direction,

qualified him for the third of the triumvirate of the new science and its most influential protagonist in the British Isles. For instance his immensely popular *The constitution of man considered in relation to external objects* first published in 1829 was still selling at the rate of 2,500 copies a year in the 1840s. In 1816 after attending a dissection of the brain and a course of lectures by Spurzheim in Edinburgh he arrived at a 'complete conviction of the truth of Phrenology' and two years later published a series of articles in its defence. These were reprinted in one volume of 416 pages as *Essays on phrenology, or an inquiry into the principles and utility of the system of Drs Gall and Spurzheim, and into the objections made against it*, Edinburgh 1819. From the second edition which appeared in 1825 as *A system of phrenology* (pp. 590) until the fourth edition (pp. 950) quoted here, the book was a record of 'advances in phrenology' culled from personal information and the literature particularly of Scotland, France and America (a fifth edition appeared in 1843 substantially unchanged as phrenology had passed its zenith; and a popular version *Elements of phrenology* in 1824). In the meantime Combe had founded at Edinburgh the Phrenological Society which attracted the attention of scientists as well as laymen and which through its *Transactions* (1820–3), 1824 and *The Phrenological Journal and Miscellany* 1824–47 stimulated wide interest in psychiatric and neurological problems and recorded many valuable discussions and reviews, as well as presenting the first opportunity in this country of communicating detailed studies of neuropsychiatric case material.

In 1836 Combe applied unsuccessfully for the chair of Logic in the University of Edinburgh when Sir William Hamilton [*q.v.*] was appointed, but his printed *Testimonials on behalf of George Combe*, 1836 (pp. xviii+139) bears witness to the many illustrious names who had accepted phrenology and to how much it had contributed to the progress of 'the philosophy of the mind' and knowledge of the nervous system. Such was its appeal that in 1846 he was called to Buckingham Palace by Prince Albert and 'permitted to examine the phrenological development of the Princess Royal, then about six years of age, the Prince of Wales, four years and a half, the Princess Alice and Prince Alfred. In subsequent years he was called upon to repeat the examination, and his views as to the course of education best adapted to the faculties of the Royal children, and of the qualifications necessary in their instructors, obtained consideration'. The treatment of the insane 'always obtained a large share of his attention' according to his biographer Charles Gibbon (*The life of George Combe*, 1878): he himself wrote 'Diseases of the organs of mind differ from affections of other organs in this, that they are susceptible of great alleviation from moral treatment', and that he believed the phrenologists' harmless attempts to treat insanity by soothing or exciting the various cerebral organs according to the nature of the case had a better chance of succeeding than the usual routine of treatments by bleeding and general depletion and would certainly do less harm. 'When Miss Dix [*q.v.*] from Massachusetts, on her philanthropic mission of inspection into the condition of lunatic asylums, arrived in Scotland [in February 1855], she at once visited Combe. He entered into her project with his customary earnestness in all good work, and by his advice and introductions, gave her material assistance in those efforts to induce the English Government to appoint the Royal Commission of Inquiry into the condition of Lunacy in Scotland, which resulted in the establishment of the Scottish Board of Lunacy'.


Carlton House · New York
the 14th of December 1838

Sir

I am favoured with your letter of the 28th of November, and in complying with your request, beg leave very respectfully to request that in addressing any phrenologist who really deserves the name it is to be understands the structure of the brain & the first principles of the science, you will, if possible, avoid using the word "bump", as it is not a term at all acknowledged in the science by english writers; it is not philosophical; it has been the foot ball of all the people of smale wit who have attempted to cast ridicule on Phrenology; & it is utterly vulgar in its origin & applications.

I am Sir
Your very obedient humble
Geo. Combe

FIG. 165 Letter by George Combe objecting to the use of the term 'bumps' as ridiculing 'the science' of phrenology, 1836.

By this time however phrenology had given to scientific psychology, neuro-anatomy and practical medicine especially psychiatry almost all it had to give and remained merely an empty shell, a specious fad for character and fortune tellers. This come-down was not stayed by its early association with magnetism or its derivative hypnotism, an association which Braid himself in 1843 discussed seriously as 'phreno-hypnotism' – the ludicrous attempt to rouse into activity 'any faculty or propensity' by pressure or friction over the appropriate organ in the hypnotised patient. Its valid and fundamental contribution got lost in the fog of fashion and came to be discredited more through its enthusiastic apostles than by its critics. Only when the direction Gall's work gave to neuro-psychiatric research bore fruit in scientific cerebral localisation in the later nineteenth and twentieth centuries were his contributions reappraised and his status established. In this historical development there is much phrenology shares with mesmerism which also deteriorated into quackery and the significance of which was also rediscovered at about the same time. Both left indelible impressions on the science of mind as well as on general thought of the nineteenth century.

Numerous cases are on record of the power of using words being impaired by disease, when the ability to articulate, and the powers of perception and judgment, remained entire. In the *Transactions of the Phrenological Society*, p. 235, Mr. Hood of Kilmarnock has communicated a very interesting instance of this kind . . . The patient, a sober and regular man of 65 years of age, possessed of the ordinary knowledge of written and spoken language, on the evening of 2d September 1822 suddenly began to speak incoherently, and became quite unintelligible to all those who were about him. 'It was *discovered that he had forgotten the name of every object in nature*. His recollection of *things* seemed to be unimpaired, but the *names* by which *men* and *things* are known, were entirely obliterated from his mind, or rather he had lost the faculty by which they are called up at the control of the will. He was by no means inattentive, however, to what was going on; and he recognised friends and acquaintances perhaps as quickly as on any former occasion; but their names, or even his own or his wife's name, or the names of any of his domestics, appeared to have no place in his recollection. On the morning of the 4th September . . . much against the wishes of his family, he put on his clothes, and went out to the workshop; and, when I made my visit, he gave me to understand, by a variety of signs, that he was perfectly well in every respect, with the exception of some slight uneasiness referable to the eyes . . . I prevailed on him, with some difficulty, to submit to the reapplication of leeches, and to allow a blister to be placed over the left temple . . . his judgment . . . was unimpaired; but his memory for words was so much a blank, that the monosyllables of affirmation and negation seemed to be the only two words in the language, the use and signification of which he never entirely forgot. He comprehended distinctly every word which was spoken or addressed to him; and, though he had ideas adequate to form a full reply, the words by which these ideas are expressed seemed to have been entirely obliterated from his mind. By way of experiment, I would sometimes mention to him the name of a person or thing . . . when he would have repeated it after me distinctly, once or twice; but, generally, before he could do so a *third* time, the word was gone from him as completely as if he had never heard it pronounced. When any person read to him from a book, he had no difficulty in perceiving the meaning of the passage, but he could not himself then read; and the reason seemed to be, that he had forgotten the elements of written language, viz. the names of the letters of the alphabet. In the course of a short time, he became very expert in in the use of signs . . . In the month of December 1822, his convalescence was so complete, that the could support conversation without much difficulty . . . On 10th January 1825, he suddenly became paralytic on the left side. On 17th August he had an attack of apoplexy, and on the 21st he expired. In *The Phrenological Journal*, vol. iii p. 28, Mr. Hood has reported

the dissection of his brain. In the left hemisphere, lesion of the parts was found, which terminated 'at half an inch from the surface of the brain, where it rests over the middle of the super-orbital place . . . The right hemisphere did not present any remarkable appearance'.

In July 1836 I was present at the dissection of the brain of a gentleman who . . . for several years before his death had laboured under a deficiency in the command of words . . . His understanding was sound, and he comprehended spoken language when addressed to him; he could articulate perfectly, but he could not command the proper words to express his ideas. A small cavity was found in the left *corpus striatum*, about an inch back from the organ of Language. There had obviously been effusion of blood into it, which had been absorbed, leaving a cavity of a quarter of an inch in diameter lined with a yellowish membrane. The right hemisphere was entire . . . Dr. Spurzheim mentions having seen, at Inverness, a case closely resembling the foregoing; and also one of the same nature at Paris. Dr. Gall cites from Pinel the case of a notary, who, after an attack of apoplexy, had forgot his own name, and those of his wife, children, and friends, although his tongue preserved all its mobility. He could no longer read or write, but nevertheless remembered objects which had formerly made an impression on his senses, and which related to his profession . . . M. Bouillaud, an eminent Parisian phrenologist . . . has published . . . sixteen instances . . . in which the recollection of words and their relations, and the ability to use them, were altogether destroyed, although it was evident from the looks and gestures of the patients that their silence resulted from no want of ideas, but solely from incapacity to express them . . . In a case reported by Professor Syme . . . the patient seemed to understand perfectly whatever was *said* to him, but had scarcely any recollection of *written* or *printed* words . . .

In the ninth volume of *The Phrenological Journal*, a most valuable series of papers, 'On Morbid Manifestations of the Organ of Language, as connected with Insanity', has been published by Mr W. A. F. Browne, medical superintendent of the Montrose Lunatic Asylum [*q.v.*]. He describes successively, and illustrates by numerous cases, the various kinds of symptoms by which the derangement shews itself: – 1. Rapidity of voluntary utterance; 2. Involuntary utterance; 3. Rapidity of involuntary utterance; 4. Total loss of verbal memory; 5. Partial loss of memory of all words indiscriminately; 6. Partial loss of memory of certain classes of words, such as names, or substantives generally; 7. Impaired perception of the relation of words to the things signified; 8. Impaired perception of the relation of words to each other; and, 9. Total loss of perception of these relations. It appears from several cases reported by Mr Browne, that the activity of the organ sometimes rises to so high a pitch of exaltation in lunatics, that the utmost difficulty is experienced in preserving silence, and occasionally words flow with astonishing volubility, in direct opposition to the will of the speaker. Many lunatics indulge in the vociferation of most

violent and disgusting language; Mr Browne considers it pretty certain, both from his own observation and that of others, that in a great majority of such cases, the ejaculations are involuntary, and result from a special excitement of the organ of Language, by which certain words are called up without the assent of the patient, and sometimes even contrary to his inclination. It is important that the possibility of derangement confined to the single faculty should be generally known; for, as Mr Browne remarks, 'little doubt can be entertained, that in many such cases, great and irreparable injury and injustice may be committed by restraining or confining individuals as lunatics, who are merely monomaniacs in the power of Language' . . . Mr Browne has more recently published in the Journal, an instructive account of that species of insanity of which the symptom is speech in unknown tongues, and which is not uncommon among the fanatics of Britain.

Three entries from the years 1834, 1835 and 1839 in St Luke's Hospital Visitors Book (*St Luke's Hospital*) by eminent German, French and Belgian psychiatrists showing the lively personal interchange between countries before the advent of a psychiatric periodical literature.

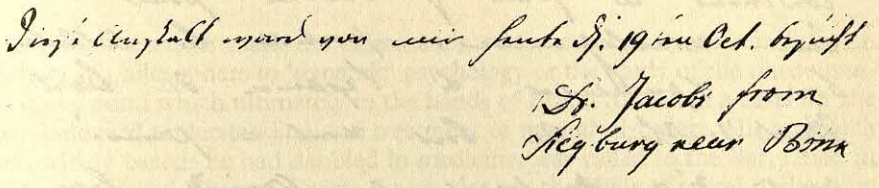


FIG. 166 (*a*) K. W. M. Jacobi (1775–1858), founder and physician superintendent of the Asylum at Siegburg near Bonn and author of *On the construction and management of hospitals for the insane*, 1841 (first published Berlin 1834) translated at the instance of his friend Samuel Tuke.

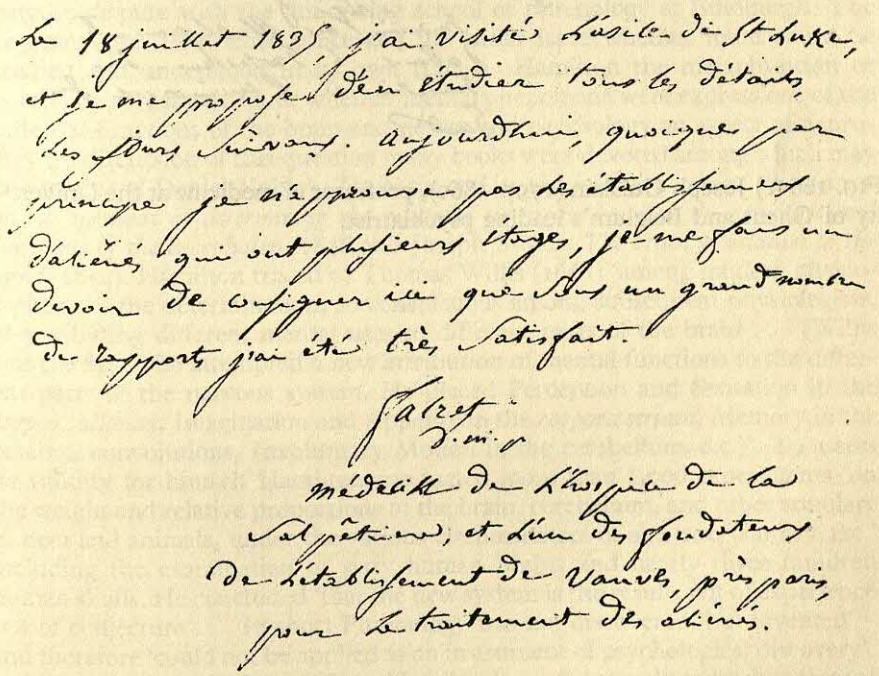


FIG. 166 (*b*) Jeanne Pierre Falret (1794–1870), chief physician to the Salpêtrière.

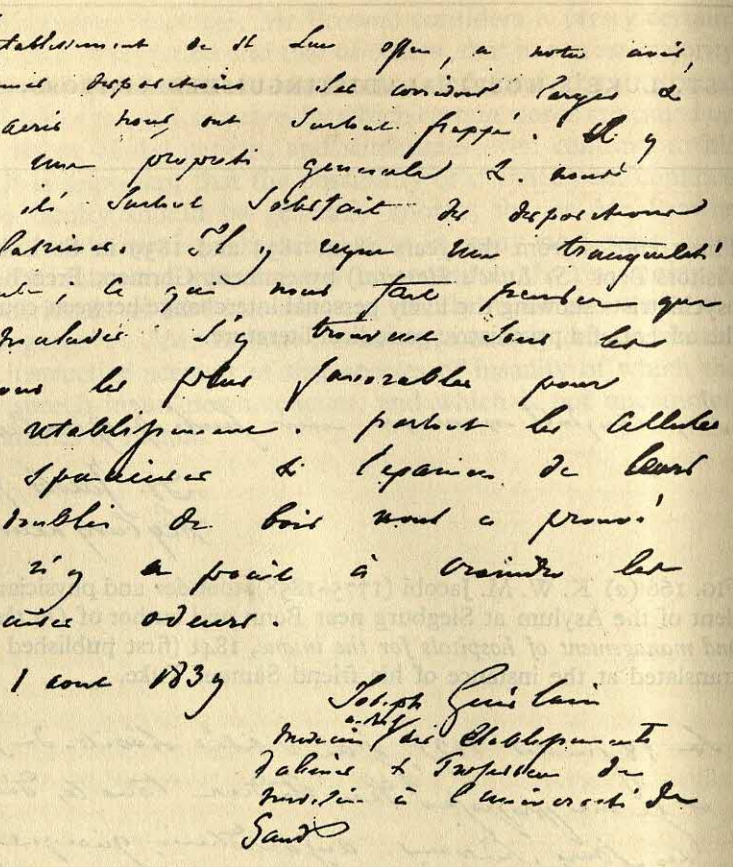


FIG. 166 (*c*) Joseph Guislain (1797–1860), professor of medicine at the University of Ghent and Belgium's leading psychiatrist.

SIR WILLIAM HAMILTON (1788–1856)

MA, PhD Oxon, professor of logic and metaphysics, University of Edinburgh

Lectures on metaphysics and logic, 1859 Edited by H. L. Mansel & J. Veitch *Edinburgh & London, Blackwood* 4 vols. 1859-61 Vol. 1, pp. 338-42, 346-9, 351-2, 366

Hamilton's *Lectures* mark the culmination of the contribution of the Scottish School of philosophers to 'dynamic' psychology or the study of the phenomenology of mind which ultimately in the hands of Freud furnished a basis for the psychological understanding and treatment of mental disorders. His approach was widely based: he had dabbled in medicine, was called to the Bar, failed in 1820 to succeed Thomas Brown [see p. 752] in the chair of moral philosophy at Edinburgh, was elected professor of civil history the following year, and in 1836 to the chair of logic and metaphysics (when George Combe was the unsuccessful applicant). In the meantime he had become thoroughly familiar with the works of the German philosophers especially Kant, and had conducted a lengthy dispute with the flourishing school of phrenology at Edinburgh. The arguments on both sides concerned the wider issue whether mind could be studied and understood in its own right as Hamilton the metaphysician or psychologist maintained, or whether mental phenomena were expressions of the different functions of the brain and nerves and psychology an aspect of neurology (to discussion of this question many books were devoted among which may be mentioned Daniel Noble's *The brain and its physiology; a critical disquisition on the methods of determining the relations subsisting between the structure and functions of the encephalon*, 1846 and Joseph Swan's *The brain in relation to the mind*, 1854). Hamilton traced to Thomas Willis (1667) 'among modern physiologists . . . the determination, so conspicuous among subsequent physiologists, of attributing different mental uses to different parts of the brain . . . (Willis was the first who attempted a new attribution of mental functions to the different parts of the nervous system. He placed Perception and Sensation in the *corpus callosum*, Imagination and Appetite in the *corpora striata*, Memory in the cerebral convolutions, Involuntary Motion in the cerebellum, &c.)'. To assess its validity for himself Hamilton conducted more than 1,000 experiments 'on the weight and relative proportions of the brain, cerebellum, and tuber annulare in man and animals, under the various circumstances of age, sex, country, &c.' including the examination of sixty human brains and nearly three hundred human skulls. He concluded 'that the new system is the result, not of experience but of conjecture . . . In short Phrenology was not discovered, but invented' – and therefore 'could not be applied as an instrument of psychological discovery'.

The extract quoted here is from Hamilton's posthumously published lecture notes of the course he first gave in 1836 and is therefore placed here under this

date. They contain the first demonstration that 'latent agencies, – modifications of which we are unconscious . . . must be admitted as a groundwork of the Phænomenology of Mind'. He showed 'that the mind may, and does, contain far more latent furniture than consciousness informs us it possesses', and 'that the sphere of our conscious modifications is only a small circle in the centre of a far wider sphere of action and passion, of which we are only conscious through its effects'. To trace from these 'conscious effects' the 'latent unconscious' content was Freud's achievement when he showed that the bridge between them was free association – which Hamilton discussed as association which does not seem to follow the rules governing association.

MIND UNCONSCIOUSLY MODIFIED

I pass now to a question . . . of still more proximate interest to the psychologist . . . one which . . . will determine the character of our explanation of many of the most important phænomena in the philosophy of mind, and, in particular, the great phænomena of Memory and Association. The question I refer to is, Whether the mind exerts energies, and is the subject of modifications, of neither of which it is conscious. This is the most general expression of a problem which has hardly been mentioned, far less mooted, in this country; and when it has attracted a passing notice, the supposition of an unconscious action or passion of the mind, has been treated as something either unintelligible, or absurd. In Germany, on the contrary, it has not only been canvassed, but the alternative which the philosophers of this country have lightly considered as ridiculous, has been gravely established as a conclusion which the phænomena not only warrant, but enforce. The French philosophers, for a long time, viewed the question in the same light as the British . . . This question is one not only of importance, but of difficulty . . . I shall first of all adduce some proof of the fact, that the mind may, and does, contain far more latent furniture than consciousness informs us it possesses. To simplify the discussion, I shall distinguish three degrees of this mental latency.

In the first place, it is to be remembered that the riches, – the possessions of our mind, are not to be measured by its present momentary activities, but by the amount of its acquired habits. I know a science, or language, not merely while I make a temporary use of it, but inasmuch as I can apply it when and how I will. Thus the infinitely greater part of our spiritual treasures, lies always beyond the sphere of consciousness, hid in the obscure recesses of the mind. This is the first degree of latency. In regard to this, there is no difficulty, or dispute; and I only take it into account in order to obviate misconception, and because it affords a transition towards the other two degrees which it conduces to illustrate.

The second degree of latency exists when the mind contains certain systems of knowledge, or certain habits of action, which it is wholly unconscious of possessing in its ordinary state, but which are revealed

to consciousness in certain extraordinary exaltations of its powers. The evidence on this point shows that the mind frequently contains whole systems of knowledge, which, though in our normal state they have faded into absolute oblivion, may, in certain abnormal states, as madness, febrile delirium, somnambulism, catalepsy, &c., flash out into luminous consciousness, and even throw into the shade of unconsciousness those other systems by which they had, for a long period, been eclipsed and even extinguished. For example, there are cases in which the extinct memory of whole languages was suddenly restored, and, and what is even still more remarkable, in which the faculty was exhibited of accurately repeating, in known or unknown tongues, passages which were never within the grasp of conscious memory in the normal state. This degree, – this phænomenon of latency, is one of the most marvellous in the whole compass of philosophy, and the proof of its reality will prepare us for an enlightened consideration of the third, of which the evidence, though not less certain, is not equally obtrusive. But, however remarkable and important, this phænomenon has been almost wholly neglected by psychologists, and the cases which I adduce in illustration of its reality have never been previously collected and applied . . . The first, and least interesting, evidence . . . is derived from cases of madness; it is given by a celebrated American physician, Dr Rush . . . 'Talents for eloquence, poetry, music, and painting, and uncommon ingenuity in several of the mechanical arts, are often evolved in this state of madness . . . where is the hospital for mad people, in which elegant and completely rigged ships, and curious pieces of machinery, have not been exhibited by persons who never discovered the least turn for a mechanical art, previously to their derangement?' . . .

These cases thus evince the general fact, that a mental modification is not proved not to be, merely because consciousness affords us no evidence of its existence. This general fact being established, I now proceed to consider the question in relation to the third class or degree of latent modifications, – a class in relation to, and on the ground of which alone, it has ever hitherto been argued by philosophers. The problem, then, in regard to this class is, – Are there, in ordinary, mental modifications, – *i.e.* mental activities and passivities, of which we are unconscious, but which manifest their existence by effects of which we are conscious? . . . In the question proposed, I am not only strongly inclined to the affirmative, – nay, I do not hesitate to maintain, that what we are conscious of is constructed out of what we are not conscious of, – that our whole knowledge, in fact, is made up of the unknown and the incognisable . . . It may be objected, 1. How can we know that to exist which lies beyond the one condition of all knowledge, – consciousness. And 2. How can knowledge arise out of ignorance, – consciousness out of unconsciousness, – the cognisable out of the incognisable, – that is, how can one opposite proceed out of the other . . . There are many things which we neither know nor

can know in themselves, – that is, in their direct and immediate relation to our faculties of knowledge, but which manifest their existence indirectly through the medium of their effects. This is the case with the mental modifications in question; they are not in themselves revealed to consciousness, but as certain facts of consciousness necessarily suppose them to exist, and to exert an influence in the mental processes, we are thus constrained to admit, as modifications of mind, what are not in themselves phænomena of consciousness. The truth of this will be apparent, if, before descending to any special illustration, we consider that consciousness cannot exist independently of some peculiar modification of mind; we are only conscious as we are conscious of a determinate state. To be conscious, we must be conscious of some particular perception, or remembrance, or imagination, or feeling. &c.; we have no general consciousness. But as consciousness supposes a special mental modification as its object, it must be remembered, that this modification or state supposes a change, – a transition from some other state or modification. But as the modification must be present, before we have a consciousness of the modification, it is evident, that we can have no consciousness of its rise or awakening; for its rise or awakening is also the rise or awakening of consciousness . . . And without dealing in any general speculation, I shall at once descend to the special evidence which appears to me, not merely to warrant, but to necessitate the conclusion, that the sphere of our conscious modifications is only a small circle in the centre of a far wider sphere of action and passion, of which we are only conscious through its effects . . .

Let us now take an example . . . of what is called Association of Ideas; and it is enough for our present purpose that you should be aware, that one thought suggests another in conformity to certain determinate laws, – laws to which the succession of our whole mental states are subjected. Now it sometimes happens, that we find one thought rising immediately after another in consciousness, but whose consecution we can reduce to no law of association. Now in these cases we can generally discover by an attentive observation, that these two thoughts, though not themselves associated, are each associated with certain other thoughts; so that the consecution would have been regular, had these intermediate thoughts come into consciousness, between the two which are not immediately associated . . . It is thus demonstratively proved that latent agencies,– modifications of which we are unconscious, – must be admitted as a groundwork of the Phænomenology of Mind.

MATTHEW ALLEN (?–1845)

MD Aberdeen, apothecary to the York Asylum 1819–24; from 1825 owner of a provincial licensed house for private patients High Beech near Epping, Essex

Essay on the classification of the insane, [1837] *London, Taylor* (pp. xxvii +212) pp. 29-32, 57-8, 63-4, 72-7, 91-2, 95-8

Allen was something of a character who has remained unnoticed by historians of psychiatry because his contribution can only be appreciated in the light of present-day developments. However, he is remembered for his connections with the world of literature. Thomas Carlyle became his friend after hearing him lecture on phrenology in 1817 and later offered to teach one of his patients mathematics for £150 but withdrew on meeting his prospective pupil. The poet John Clare was a patient in his madhouse from 1837 until his escape in July 1841 only to come under the care of Dr Thomas Octavius Prichard at the Northampton Asylum in December of the same year. Alfred Lord Tennyson, poet-laureate to be, invested capital in a scheme of Allen's for carving wood ornaments by machinery which ended in bankruptcy in 1843 and the loss of Tennyson's money.

Allen wrote that it was the appreciation that 'mental philosophy, of which insanity is a very important part, is, of all studies . . . the most useful to our moral state . . . induced me . . . to direct my medical attention to this most radically-important, though hitherto-neglected branch of the profession . . . as early as 1807, I visited lunatic asylums *con amoré* . . . in 1816, 1817, 1818, and 1819, I was engaged in lecturing on Mind and its Diseases'. This must have been a lecture tour in Scotland and the Northern Counties since Carlyle heard him in Kirkcaldy and because it ended in 1819 in York where Allen was appointed apothecary (or resident medical officer) to the York Asylum. On his departure five years later he recorded that he was voted 'the thanks of the Governors, for my constant and successful efforts in establishing and perfecting the mild system of treatment there'. After a further period of 'lecturing, at the request of several institutions, on Mind and its Diseases', he settled at High Beech where in January 1825 he opened his private asylum 'to carry into effect my views of the treatment of the insane, either as respects the recovery or the comfort of recent or confirmed cases . . . the results . . . have greatly exceeded my most sanguine anticipations'. Between 1825 and 1843, 234 patients passed through his hands of whom 143 were cured.

Allen's first work *Cases of insanity, with medical, moral, and philosophical observations and essays upon them*, 1831 called 'Part I. – Vol. I' on the title page was intended as a preliminary to 'a systematic treatise' which however never appeared, its place being taken by the *Essay* quoted here. It contained a good description of what is nowadays called the cyclothymic temperament: he

explained why 'Excitable and cheerful persons often fall into states of depression' and showed how this may lead to 'the more fixed and serious forms of alternate states of irresistible excitement of the exhilirating and depressing passions, constituting insane cases'. He then considered how 'married persons get into this destructive habit of indulging in these extremes of anger and affection' giving rise to 'painful and conscientious conflicts' which 'are fruitful soils in producing insane cases'. Indeed Allen was the first to consider in a work on insanity 'the demon of domestic strife' as a cause of mental breakdown. Apart from his account of how he behaved when called to patients – 'I delicately, but candidly tell them, they are considered insane' which itself produced a few cures – and the fact that he locked difficult patients in 'a small dark closet' rather than restraining them in strait waistcoats, the extracts give his enlightened views on asylum management. For instance, he believed it was more desirable to risk a few accidents such as suicide or escape under his 'mild system' in which patients were placed on their honour, rather than to institute 'a direct system of coercion' which 'harsh measures always increase the evils which they would pretend to cure' – a lesson which had repeatedly to be relearned right up to the present time. His plans also included one of the first systems of parole described in a private asylum. But even more interesting than his liberal measures was his plea for 'voluntary seclusion' of 'persons at the commencement of the malady' rather than waiting to certify them when severely ill and only then being able to place them in proper institutions. This was the first mention of voluntary patients, a status created under the Mental Treatment Act 1930, who soon made up the larger proportion of patients in mental hospitals. But the Commissioners in Lunacy came down heavily on Allen for keeping a patient in his house without a certificate, since they felt that such informal admissions would allow the return of all the old abuses which the Act of 1774 and later that of 1828 were designed to remedy. According to the need of the times they rightly interpreted the then existing legislation as being the only way to safeguard the liberty of the sane and the good treatment of the insane. Formal orders of admission were their only means of keeping track of every patient in every institution [see *Report of the Metropolitan Commissioners in Lunacy*, 1844].

VOLUNTARY PATIENTS

I consider it a point of the very first importance, that truth should never be violated; we must, therefore, on no account, at any rate, deceive them, and more especially in the first instance. If we begin by destroying confidence, we destroy the basis on which alone all moral good can be effected . . . I delicately, but candidly tell them, that they are considered to be insane, that the disease has produced some change in their usual mode of feeling and thinking, that the object of the proposed visit is their good, and that if they will only go willingly along with me, I pledge myself they shall be treated as visitors . . . To show the propriety and advantages in this mode of proceeding, I shall state the important fact, that some few have at once been cured, without removal from home, by the powerful influence of its candour and honesty . . . There is another fact to be considered, not hitherto contemplated by any writer, and which

is well expressed in a letter I received from a friend . . . He says, (and he is a man of great humanity,) 'I am most solicitous that the distinction should be understood between those who cannot act and think or decide for themselves, and those who can, and who, sensible of their defective state, or of the approach even of absolute derangement, can of their own free will, place themselves in a situation, where they know that every medical and moral means will be used for their restoration. It is of the utmost importance, that the legislature should have it completely demonstrated to them, that there is a condition of the insane never contemplated by any legislator; the judicious management of which, is of the greatest consequence to them. Instead of the mental malady being allowed to proceed, until the sufferer is introduced into these retreats by force, its first approaches will be yielded to as soon as recognised, and the unhappy individual, whilst still in the possession of reason, will voluntarily or by gentle and affectionate solicitations, enter some refuge for mental distress' . . .

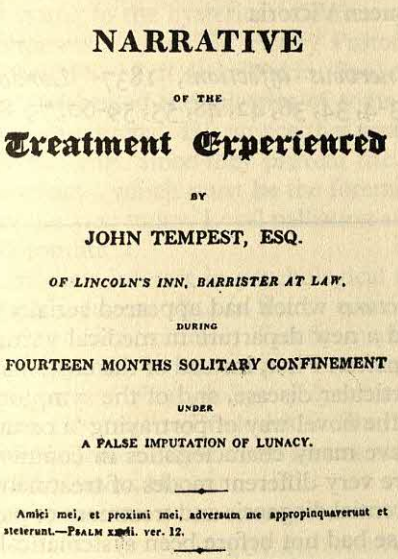
To make it necessary in all cases to have certificates, so far from being a security against abuse, is more likely to be a cloak for those who may wish to take advantage of the patient's defenceless state; whereas in cases of voluntary seclusion, there can be no risk; for with such honourable confidence, we have at once the proof and the security that it cannot and will not be abused. These, however, are not the most desirable inmates, as it regards the ease and comfort of the superintendent, and therefore no one can have any other motive in recommending this practice of voluntary seclusion, but that which arises from the conscientious consideration of its being more conducive to cure . . . That a great number will require certificates, and all the aid of authority, to make them submit to the measure, is certain; and in these cases, the law, so far from being a hardship, is a great convenience and advantage. Again, violent and extreme cases may be said to certificate themselves, in these there can be no risk of making any mistake, and doing any injustice in the first instance; the injustice may be afterwards in improper treatment, and in over detention. But to prevent all such abuses, we must first make men perfect, and then we should have no diseases to cure. It is certain, that under a proper system, ameliorated by all these plans of procedure I have stated, it is astonishing how these violent and extreme cases would become less prominent. I believe they would not average five per cent. at any one time; and take the average of a number of years, and I suppose it would not be more than half that number . . .

Now, it is evident that ferocious and furious maniacs are those, wherein a direct system of coercion is said to be essential, and yet it is evident, that these are cases where it must do the greatest injury . . . In cases of determination to suicide, it should be made to appear to the patient, what in truth it always should be – the kindest guardianship and protection. In cases of some lesser faults, or such as breaking and tearing, instead of

restraint, a small dark closet I have found more useful than the strait waistcoat; yet neither the one nor the other, have, now for a long time, (seven years at least) scarcely ever been resorted to, for more than an hour or so; but to be able to do all this requires a superabundance of servants and attendants, and these must be serious, active, laborious, and vigilant as possible . . . I have frequently written letters to, and had conversations with, the friends of patients, stating, that from the nature and state of their case, we had only a choice of evils, and therefore it was better to run the risk of rather overmuch liberty, than the positive evils of goading and exasperating them by what is generally deemed, particularly in these cases, necessary restraints and confinement. In most instances, they have not only fully entered into my views, and given me their necessary co-operation, but also readily agreed, that, if in consequence of this liberty any accident should happen, they would acquit me of all blame, and we have hitherto been most providentially favoured in having none of any moment . . .

By this system of greater liberality, it would soon be found, that patients would no longer consist of violent and extreme cases alone, but that every thing repulsive in their present state and aspect would quickly disappear, their whole character assume a milder form in reality as well as in appearance. – Indeed, this is already the case. All things are improved. Thus popular prejudice ought to cease, and a more favourable prepossession should occupy its place; and the world being fully persuaded, that there is much more to hope than to fear from a residence at such a place, persons at the commencement of the malady are easily induced to enter them of their own accord, or are sent by their friends without delay or reluctance, before the disease has passed the curable stage . . .

I believe it is a fact, that there are the fewest accidents where to appearance the greatest liberty is given, harsh measures always increase the evils which they would pretend to cure (I have hitherto had but one out of 600 – and he had secreted a rope, and effected his purpose, the day after his arrival by pretending to retire to a place of convenience); but should one accident occur under this mild system, the person adopting it would be more blamed than he who had twenty accidents on the old plan . . . Many have, in an incipient state of convalescence, been placed on parole of honour; first, they are simply restricted to the garden, and afterwards the fields; and if no breach of confidence occurs, they are allowed a pass key to go out and in when they please; and scarcely an instance has occurred in which they have taken advantage of this privilege to make their escape; – nor have they opened the doors to others. – Those who escape are always those who are not so trusted. In some cases, I have known the convalescence of patients confirmed, not merely by placing them on their parole of honour, but by discharging them as patients, and inviting them to remain and consider themselves as voluntary visitors . . But all this shall be more minutely detailed under the Essay, *Moral Treatment.*



NARRATIVE

OF THE

Treatment Experienced

BY

JOHN TEMPEST, ESQ.

OF LINCOLN'S INN, BARRISTER AT LAW,

DURING

FOURTEEN MONTHS SOLITARY CONFINEMENT

UNDER

A FALSE IMPUTATION OF LUNACY.

Amici mei, et proximi mei, adversum me appropinquaverunt et steterunt.—PSALM xxxi. ver. 12.

LONDON:

PRINTED BY VIZE SLATER,

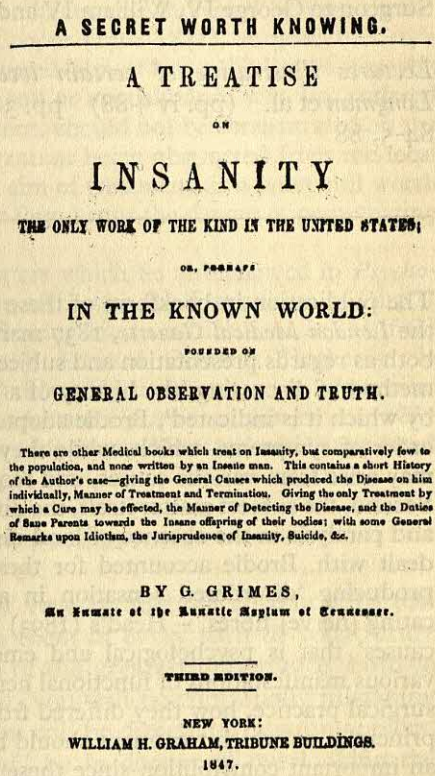
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1830.

FIG. 167 Title-page of John Tempest's *Narrative*, 1830, an accusatory record of his treatment in private madhouses 'upon a false imputation of Lunacy'.



A SECRET WORTH KNOWING.

A TREATISE

ON

INSANITY

THE ONLY WORK OF THE KIND IN THE UNITED STATES;

OR, PERHAPS

IN THE KNOWN WORLD:

FOUNDED ON

GENERAL OBSERVATION AND TRUTH.

There are other Medical books which treat on Insanity, but comparatively few to the population, and none written by an Insane man. This contains a short History of the Author's case—giving the General Causes which produced the Disease on him individually, Manner of Treatment and Termination. Giving the only Treatment by which a Cure may be effected, the Manner of Detecting the Disease, and the Duties of Sane Parents towards the Insane offspring of their bodies; with some General Remarks upon Idiotism, the Jurisprudence of Insanity, Suicide, &c.

BY G. GRIMES,

An Inmate of the Lunatic Asylum of Tennessee.

THIRD EDITION.

NEW YORK:

WILLIAM H. GRAHAM, TRIBUNE BUILDINGS.

1847.

FIG 168 *A treatise on insanity*, 1847 by Green Grimes, 'inmate of the Lunatic Asylum of Tennessee', an attempt to advance psychiatry from insight gained as a patient.

SIR BENJAMIN COLLINS BRODIE (1783–1862)

Fellow and President Royal College of Surgeons; Fellow and President Royal Society; hon. DCL Oxon; surgeon to St George's Hospital; professor of comparative anatomy, physiology and surgery, RCS; first President of the General Medical Council; President of the Royal Medico-Chirurgical Society; Sergeant-Surgeon to George IV, William IV and Queen Victoria

Lectures illustrative of certain local nervous affections, 1837 *London, Longman* et al. (pp. iv+88) pp. 3, 23-4, 34, 36, 42, 48, 55, 59-60, 79-80, 84-5, 88

The publication in bookform of these *Lectures* which had appeared serially in the *London Medical Gazette*, 1837 marked a new departure in medical writing both as regards presentation and subject matter. First, instead of the customary method of discussing 'the history of a particular disease, and of the symptoms by which it is indicated', Brodie adopted the novel way of portraying 'a certain order of symptoms, which, while they have many characteristics in common, may arise from various causes, and require very different modes of treatment'. Second, the subject matter itself, the differential diagnosis and treatment of pain and paralysis in the absence of local disease had not before been systematically dealt with. Brodie accounted for these symptoms either by a distant lesion producing 'disordered sensation in another part' by means of 'communicating [nerve] fibres' – Head's (1893) concept of referred pain – or to 'moral causes' that is psychological and emotional factors. He described how the various manifestations of functional nervous disorders or 'hysteria' presented in surgical practice, how they differed from 'organic affections', and the different principles on which treatment should be based. Brodie realised he was making an important contribution since these cases were not only common but commonly missed: 'I do not hesitate to declare that among the higher classes of society, at least four fifths of the female patients, who are commonly supposed to labour under diseases of the joints, labour under hysteria, and nothing else' he stated roundly. And in his *Autobiography*, 1865 he wrote 'I believe that I am not wrong in stating that none of my publications have been really more useful to the world than this, preventing a multitude of mistakes which surgeons were apt to make in confounding mere neuralgic affections with more serious maladies'.

Over and above improving surgical practice Brodie's *Lectures* were the first of the many nineteenth century contributions which, opening a new field of psychological observation and treatment, widened from the outside as it were the compass of psychological medicine. At that time 'psychiatrists' were largely concerned with the frankly insane – hence 'alienist' – while the milder degrees of mental disturbance, the neurotics of today, who often complain of somatic

symptoms in the absence of organic disease, were seen, diagnosed and written about by surgeons and physicians who had also to care for them. Brodie took as his examples nervous pains and spasms of all kinds including cases of facial pain and hemispasm, spasmodic wry-neck, joint pains, backache, headache, 'hysterical *aphonia*' and 'hysterical' difficulty of deglutition, and gave the first description of 'hysterical' pain, swelling and paralysis of the hand which is today known by Charcot's (1890) term *oedème bleu*. He showed his psychological acumen when he observed that the 'hysterical affection of the breast . . . corresponding to the hysterical affection of the joints, and indicated by very similar symptoms' (which Sir Astley Paston Cooper (1768-1841), surgeon to Guy's Hospital had first described in 1829) occurred 'almost invariably' in women who had 'witnessed the miseries of some friend or acquaintance who has suffered from carcinoma'. His advice that treatments should not be concentrated on the affected part 'since they prevent the attention being abstracted from the local symptoms' which must be the foremost aim of treatment, is a point still worth emphasising today. Local palliation as he found runs the danger of perpetuating the condition.

Brodie's interest in psychological matters which he also showed in *Psychological inquiries*, 1854 (a fourth edition in 1862 with the first edition of Part II together in 2 volumes) directly inspired many later contributions in this field by surgeons, commencing humbly with Edward Octavius Hocken's *An exposition of the pathology of hysteria: elucidated by a reference to . . . hysterical amaurosis*, 1842 to Frederick C. Skey's important *Hysteria . . . Six lectures*, 1867 and Sir James Paget's well known study of 'nervous Mimicry' which appeared in *The Lancet*, 1873.

LOCAL NERVOUS AFFECTIONS

These local nervous affections are of very frequent occurrence. In one shape or another you will meet with them at every turn of your future practice, and a knowledge of them is of the greatest importance, both to the physician and surgeon. Without it, you will be continually mistaking the real seat of a disease: your attention will be directed to a wrong object, and, following the symptoms, you will be in danger of overlooking the cause on which they depend. The investigation, however, is not unattended with difficulty, and it will often require all your professional sagacity and skill to trace the phænomena, which occur in these cases, to their true origin . . .

The pathological history of these local nervous affections constitutes in itself a most curious and interesting object of research; but it has another, and still stronger claim on your attention. Your patient wishes to be cured; he has of course no other reason for consulting you. Now you may supply yourselves with a list of what are called nervous remedies; prescribing, for example, the carbonate of iron first, changing this for the extract of belladonna, and that for something else; trusting that accident will at last enable you to hit on the right expedient; but you will do little good by the adoption of such a loose and empirical method of practice.

If you would cure your patient, you must study each individual case that comes before you, pathologically; endeavour to trace the symptoms to their true origin; and if you can succeed in doing so, you will, in many instances, learn at the same time in what manner a cure is to be effected; while in others, in which the disease does not admit of a cure, you will learn this also: you will be enabled to avoid tormenting your patient with useless remedies; and at any rate you will be satisfied you can do as much for him as your neighbours. It is not to be supposed that in these cases any permanent benefit can arise from applications made to the part to which the symptoms are referred, the cause on which they depend being elsewhere; and the first thing that you have to attend to in the treatment is, that you do not fall into the error of regarding the symptoms as constituting the original disease.

When I was formerly engaged in the study of the diseases of the joints, having, at the period, to which I refer, few opportunities of investigating the subject except in my hospital practice, I occasionally met with cases, in which a particular joint was affected with pain, and a great degree of morbid sensibility, attended occasionally with some degree of tumefaction of the soft parts, although the characteristic symptoms of the ordinary diseases to which these organs are liable were wanting, and the usual consequences of abcess and destruction of the joint did not ensue. For a long time these cases occasioned me great perplexity, and it was not until after I had published the first edition of my Treatise on the Diseases of the Joints that the occurrence of the case, which I am about to describe, first led me to suspect the real origin of the symptoms, which I had not comprehended formerly . . . and a great number of other cases, which fell under my observation afterwards, confirmed me in the opinion; that where there is that state of the general system, whatever it may be, which produces the phænomena of hysteria, it is not uncommon for a particular joint to be affected with pain and morbid sensibility, such as may lead a superficial observer to believe that it is the seat of some serious local disease, although no such disease in reality exists . . .

Not unfrequently the origin of these symptoms may be traced to a severe illness, which has left the patient in a state of great physical exhaustion; at other times they are as clearly to be attributed to some moral cause having a depressing influence on the constitution. In like manner the agency of moral causes, especially of those which compel the patient to make much physical exertion, often leads to her recovery. But we must not be led by this last-mentioned circumstance to adopt the harsh conclusion, that these symptoms exist only in those who are of a fanciful and wayward disposition. Young women of the highest moral qualities, and of the strongest understanding, are not exempt from these maladies . . . Where there is paralysis, or a tendency to paralysis, it is quite different

from what is observed in cases of pressure on the spinal cord or brain; and I may take this opportunity of observing, with respect to hysterical paralysis generally, that it has this peculiarity: *it is not that the muscles are incapable of obeying the act of volition, but that the function of volition is not exercised . . .*

In a great number of instances, local hysterical symptoms appear to be connected with some accidental injury; generally a very slight one; and they are then especially liable to be misunderstood, and mistaken for something very different from what they really are . . . I have seen several cases of a singular affection of the hand and wrist, which manifestly belongs to the class of cases of which we are now treating. It occurs in females who have a disposition to hysteria, especially in those who have suffered from mental anxiety and over-exertion, and is usually, but not constantly, referred to a sprain, or some other slight accident. The patient complains of pain in the back of the hand and wrist, trifling at first, but gradually becoming more severe. In many instances, after some time has elapsed, there is a diffused swelling of the soft parts, extending a short distance up the lower extremity of the fore-arm; and downwards as low as the fingers . . . the patient keeps her hand in one position, and the consequence is that the joints become comparatively stiff, the hand at the same time having a very characteristic appearance, the skin being smooth and shining, and appearing to adhere more closely than is usual to the parts beneath.

There is one objection that may be urged against all local remedies . . . namely, that they prevent the attention being abstracted from the local symptoms. I may take this opportunity of observing, that nothing is more essential to the patient's recovery than that her mind should not be constantly occupied with the subject of her ailments. The treatment employed should be such as will involve as little as possible deviation from the ordinary habits of life. Thus in a case of hysterical neuralgia of the knee or hip, it seldom happens that any real amendment takes place while the patient remains confined as an invalid to her sofa. The pain may abate, but a sense of weakness follows, which disables her from walking more than the pain itself, and which for obvious reasons, goes on increasing in proportion as the confinement is of longer duration. The first step towards a cure is, that she should have sufficient strength of mind to begin to use the limb in spite of present suffering.

Another question connected with surgical practice remains to be considered. In hysterical diseases affecting the extremities, will any advantage arise from the division of the nerves which supply the affected part, so as to destroy the communication between it and the sensorium? or from the entire removal of the part itself, by excision or amputation? If the view which I have been led to take of these affections, namely, that they belong

to the nervous system generally, and not to the part to which the symptoms are referred, has any foundation in reality, it cannot be expected that such operations will lead to any good result . . .

In estimating the value, not only of such operations, but of various other modes of treatment which have been supposed at one time or another to be useful in cases of aggravated hysteria, we are never to lose sight of the following circumstances: – 1. *Hysterical symptoms frequently disappear at once, without any manifest cause for their disappearance . . .* 2. *It still more frequently happens that recovery from hysterical symptoms immediately follows a forcible impression of any kind made on the nervous system.* Hence it is that any thing may obtain the credit of having effected a cure in these cases. Moral and physical agents are alike in this respect. Sometimes one remedy may appear to be successful, sometimes another: and that which is supposed to be productive of the greatest benefit in one case, may never be useful afterwards . . .

Before I quit the subject, I shall trouble you with one further piece of advice. I have told you that it is most important that you should not mistake cases of nervous affection for those of real local disease. It is equally important that you should not mistake the latter for the former . . . A short delay will always enable you to understand the exact nature of the case.

WILLIAM ALEXANDER FRANCIS BROWNE (1805–1885)

MD Heidelberg, LRCS Edin., FRS Edin., hon. LLD Wisconsin, medical superintendent Montrose Royal Asylum 1834-8, and Crichton Royal Institution 1838–57; Medical Commissioner in Lunacy for Scotland 1857–70; President of the Medico-Psychological Association, 1866

What asylums were, are, and ought to be: being the substance of five lectures delivered before the managers of the Montrose Royal Lunatic Asylum, 1837 *Edinburgh, Black* (pp. xii+240) pp. 50, 69-70, 149-52, 177-8, 181, 200 203, 206

Browne was one of the reformers of the asylum care of the insane whose improvements and innovations were chronicled in his annual reports from the Crichton Royal Institution, but who in addition published almost on the threshold of his career as a sort of manifesto of what he wished to see accomplished the book here quoted. In his student days at Edinburgh he was attracted to the study of 'the human mind, both in its healthy and diseased condition' under the influence of the Combe brothers. He visited Continental asylums and spent the year 1832 studying mental diseases under Esquirol at Charenton and Pariset at the Salpêtrière. When the post of medical superintendent to the Montrose Lunatic Asylum was advertised in 1834 Andrew Combe intended to apply but stood down for Browne and even supported his candidature (George Combe's *The life and correspondence of Andrew Combe*, 1850, Edinburgh). Of Browne's appointment *The Phrenological Journal* remarked that this was 'the first occasion on which a phrenologist has been called to fill such a situation in Scotland'. To this journal he contributed the first separate study of 'Morbid manifestations of the organ of language, as connected with insanity' and 'Observations on religious fanaticism; illustrated by a comparison of the belief and conduct of noted religious enthusiasts with those of patients in the Montrose Asylum' (*ibid.*, 1832–4, vol. 8 & 1834–6, vol. 9).

In 1837 he published his challenging series of lectures on *What asylums were, are, and ought to be* in which he attempted 'to condense, in a plain, practical, and still popular form, the results of observation in the treatment of insanity, for the specific and avowed purpose of demanding from the public an amelioration of the condition of the insane' by drawing attention 'to the consideration of what has been done, and what remains to be done'. The book came to the notice of Mrs Elizabeth Crichton, foundress of the Crichton Royal Institution (opened June 1839 with 120 beds) which was being built at that time and Browne was offered and accepted the post of its first resident physician or medical superintendent (Sir Andrew Halliday was at the same time appointed consulting physician). It was the largest single benefaction ever (amounting to about

£100,000) for the provision of the best care and treatment for the insane of all classes and Browne proved a worthy choice. One or two medical students 'desirous of making insanity a special study' were accepted as house pupils; the Report for 1843 recorded the first play staged and acted by patients in a British asylum; in 1844 appeared the *New Moon, or Crichton Royal Institution Literary Register*, a monthly periodical edited, composed and corrected exclusively by patients and printed at the Crichton Press – the first journal published in an asylum; in 1847 six patients came 'voluntarily' for treatment but had to be certified in order to be admitted, there being no statutory provision for their reception [see Allen 1837 and the Lunacy Commissioners' *Report* 1844]; from October 1854 to March 1855 Browne gave thirty lectures on mental diseases and their management to the officials and male and female attendants – 'the first course of lectures on mental nursing given to an asylum staff' in Scotland; in 1855 Dorothea Lynde Dix paid him a two day visit; and in October 1857 Browne resigned on his appointment as the first of the new Medical Commissioners in Lunacy for Scotland created under the *Act for the Regulation of the Care and Treatment of Lunatics . . . in Scotland*, 1857 (20 & 21 Vict., c. 71).

'The whole secret of the new system' preached by Browne 'may be summed up in the two words, kindness and occupation'. He pointed out that 'formerly asylums were constructed upon the principle that [of a hundred admissions] ninety-five required to be restrained, that five only could be intrusted with freedom' whereas under the new system 'arrangements must be made in order to afford freedom to the ninety-five, and adequate restraint to the five'. Even 'suicidal patients . . . may be treated with confidence corresponding to what their dispositions are when relieved from the irritation by which they were disturbed. To hold an opposite opinion will lead to the enforcement of all those galling precautions, which offer little or no obstacle to the determined, provoke the vacillating, and harass the innocent'. He tried 'the experiment of complete isolation. The effect was tremendous. A noisy and ferocious maniac was . . . altogether subdued . . . but at the same time the mind was enfeebled by the deprivation of every impression from without', and he 'trembled lest the cure of furious mania should prove to be fatuity'.

The extracts are chosen to show his criticisms of the deficiencies of asylums and mental nurses in his day, and his emphasis on 'the association of lunatics' in 'groups' as the basis of the therapeutic communities of the future.

WHAT ASYLUMS OUGHT TO BE

I have mentioned that until this evening, no attempt has been made to address an unprofessional, but well educated audience, on the subject of Insanity. Until very recently the care of the insane was monopolized by medical and other adventurers: a ridiculous stigma, created by the character and proceedings of the very persons engaged in this monopoly, deterred regular and well educated practitioners from attempting to compete, and even from qualifying themselves to do so. Indeed, it has only been since the voice of the public has been raised against this monopoly and its consequences, and the philanthropic of every profession interfered

in behalf of those who most required their protection, that justice and mercy have, in any degree, dictated the treatment which these unfortunate beings received. Until then, a thick and almost impenetrable veil was cast over the workings of the 'mind diseased' . . .

Medical men long acted as if nothing could be done with any chance of success in insanity. They believed that were the bowels regulated and the organic functions attended to, their duty was discharged, and the vaunted powers of medicine sufficiently vindicated. The suspicion even arose that the disease could not be removed, that it did not come under the ordinary rules of art. Drs. Monro, Burrows, and Ellis, declare, however, that they cure ninety out of every hundred cases. Such a result proves, so far as the practice of these observers is concerned, that instead of being the most intractable it is the most curable of all diseases. The declaration, however, applies only to recent cases, which have not existed for more than three months, and which have been treated under the most favourable circumstances . . . But even where poverty, popular prejudice, indifference, or other obstacles, have deprived the insane of many of those means which it is in the power of benevolence and art to bestow, the proportion of cures is such as to dispel the disheartening and unworthy conviction that this affliction must continue to baffle human skill . . . That proportion, be it observed, invariably corresponds to the degree in which the treatment is in unison with the laws of the human mind. It does not depend upon, or vary with, local circumstances; it is the same in Italy as in England; it bears little relation to the occupation, sex, or age of the patient, and less to the cause of the malady, unless that be organic; it cannot even be attributed to the talents of the physician, save where these are dedicated solemnly and enthusiastically to the task, and made the instruments by which it is to be accomplished. If all asylums had advanced to that stage of improvement to which they will ultimately be forced by the irresistible impetus of public opinion; and were patients placed under treatment on the very first and slightest indication . . . the proportion given by Ellis would become universal. Even now, contending, as physicians to the insane have almost everywhere to do, with errors and difficulties which none can appreciate save those who have tried to put the moral machinery of an asylum into operation; and taking all cases as they are presented, of long or short duration, simple or complicated with malformation of the head or organic disease, the average number is about one-half.

The frequency with which restraint is even justifiably imposed, depends, in a great measure, upon the immediate attendants of the insane. And, unfortunately, this tremendous power is too often confided to men altogether unworthy of the trust. The labours of such a situation are great, varied, and of the most delicate nature. They are not, or ought not to be limited to the administration of food, attention to cleanliness, or the pre-

vention of escape, but should extend to the task of arousing and engaging such of the faculties of the patients as still remain healthy, of amusing or occupying all who are susceptible of such impressions – of soothing the irritable and captious – of inspiring the desponding with hope – of presenting to all, such objects as are calculated to communicate present enjoyment, and to restore the current of thought to its ordinary channels. Such ministrations comprise a moral treatment of the most extended and exquisite form. Yet to carry this into execution, to set this complicated machinery in motion, who are the persons, and what their standing and acquirements who are employed? Do they possess natural talents or education sufficient to perceive and to adapt their own behaviour to the dispositions of those whom they are appointed to attend? . . . Keepers are the unemployed of other professions. If they possess physical strength, and a tolerable reputation for sobriety, it is enough . . . From the individuals who, at present, occupy such situations, it would be absurd to expect any co-operation of this kind. Until mankind perceive that it is as necessary that he who undertakes to assist in improving the condition of the insane, should be instructed in the mode of doing so, as he who professes to improve the condition of the soil – all that can be expected is a capability of securing the affections of the patients, and docility in promoting the plans suggested by others. 'Your first attempt,' I was once told, 'ought to be to cure your keepers; you need not proceed to your patients until you have done so.'

The whole secret of the new system and of that moral treatment by which the number of cures has been doubled may be summed up in two words, kindness and occupation. To carry this system into effect, the first requisite is a mind which understands the wide meaning of these words. I have shewn that the grand objection to the present mode of conducting madhouses is rather that there is no system than that there is a bad one. The gross indecorums and neglect and inhumanity are abandoned, and the regulations which rendered mismanagement obligatory are cancelled, but there have been substituted no measures which shall render the recurrence of such errors impossible; at the same time securing the observance of those attempts at alleviation, of which every case of lunacy admits, and the application of those principles upon which the cure of so many depends. The opinion was, and perhaps still is, prevalent, that if a building of suitable dimensions and security was provided, and if medical advisers occasionally saw the inmates, all was done for the insane that could be expected or that could be useful. Every day, however, shews that these provisions are utterly inadequate to the end proposed, if that end be the recovery and not the confinement of the insane; that they form the first but the smallest and most insignificant link of a mighty chain of merciful measures, which must lengthen with our increased acquaintance with the

laws of the human mind and the privations of that mind, and can only terminate when the insane are out of the land. So indifferent is even now the repute of public asylums, that the physician in many instances recommends change of scene or of occupation, travelling, anything in fact rather than mere incarceration. And he gives this advice not from any preference of the step suggested, but from a conviction that mere isolation can do nothing, and that isolation, combined with treatment founded upon mistaken views of our moral nature, can do little to promote his object. Even when to isolation is added the best treatment which the science of medicine indicates, very little additional confidence is inspired, as however useful the established routine of bleedings, blisters and baths may prove to be as auxiliaries, the experience of a thousand years has exposed their worthlessness when trusted to alone . . . To the mere drug exhibiter, to the man who conceives that he can combat mania by the lancet and tartar emetic alone, or who believes that he can exorcise melancholia by a purge, it would certainly be unpardonable folly to commit the insane . . . it is not only necessary that he who devotes himself to the care of the insane should pass his noviciate in an asylum; or, in the active discharge of his duties, see his patients, as has been recommended, once or twice a-week; he must live among them; he must be their domestic associate; he ought to join in their pursuits and pastimes; he ought to engage them in converse during the day, and listen to their soliloquies in the retirement of their cells; he must watch, analyze, grapple with insanity among the insane, and seek for his weapons of aggression in the constitution and dispositions of each individual, and not in general rules or universal specifics . . the mind of every individual should be carefully studied, its healthy as well as its insane bearings analyzed, and the relations which these may have with, or the influence they may acquire upon the minds of others calculated, and groups formed in reference to the result . . .

The association of lunatics requires to be skilfully managed. But when classes have been formed in conformance to the mutual wants, and wishes, and dispositions of the parties, the system is at once beautiful and self-operating. There is no need of keepers to direct, and chide, and caution. Their presence is required to regulate the machine, but its motions are spontaneous. The little kindnesses of co-operation and assistance go forward, the weaver plies his shuttle as vigorously, and the dance and song conclude the day as regularly as if a whip or a comfit were displayed. It is a mistake to suppose that, as a general rule, these bands should consist of patients of similar dispositions. When once associated, there ought to be as much liberty as is consistent with the safety of the whole community . . . when the insane are treated as human beings, there exists evidence that gratitude and esteem as frequently reward the kindness and care of their attendants, as in any other of the relations of life where such sentiments are likely to be called forth.

SIR WILLIAM CHARLES ELLIS (1780–1839)

MD St Andrew's, MRCS, first resident medical superintendent of both the West Riding of Yorkshire County Lunatic Asylum, Wakefield 1818–1830, and the Middlesex County Lunatic Asylum, Hanwell 1831–8; owner of Southall Park Asylum 1838–9

A treatise on the nature, symptoms, causes, and treatment of insanity, with practical observations on lunatic asylums, and a description of the pauper lunatic asylum for the county of Middlesex at Hanwell, with a detailed account of its management, 1838 *London, Holdsworth* (pp. viii+344) pp. 8-10, 60-5, 250-1, 299-300, 307-9

Ellis was a self-taught, progressive and humane medical superintendent who with his wife as matron by his side was placed in charge of one of the newly founded county asylums which came into being in the first half of the nineteenth century. After an apprenticeship to a surgeon in Hull he became MRCS in 1800. Continuing in general practice he developed an interest in the insane and published *A letter to Thomas Thompson, Esq. M.P.; containing considerations on the necessity of proper places being provided by the Legislature for the reception of all insane persons*, 1815 (Hull). As a result of his enlightened views he was appointed to Wakefield Asylum on its opening in 1818, the year in which he also received *in absentia* the degree of doctor of medicine of St Andrew's University on furnishing the necessary certificates as to character, education and professional competence signed by two physicians. Despite such humble academic background (in his *Treatise* he did not quote any book although a few authors are mentioned by name), he became in 1835 the first psychiatrist to be knighted exclusively for services to the insane (Sir Andrew Halliday was knighted in 1821 for his services to the Army and in his capacity as physician to the Duke of Clarence, afterwards William IV; Sir Alexander Crichton also in 1821 for medico-political services in Russia; Sir Alexander Morison received his accolade three years after Ellis), and died just before the appearance of the French translation of his *Treatise* by T. Archambault 'Enrichi de Notes par M. Esquirol' (Paris 1840). And he was the only psychiatrist called to give evidence to the Select Committee of the House of Commons 'appointed to inquire into the Extent, Causes and Consequences of the prevailing Vice of Intoxication among the Labouring Classes', 1834.

Ellis and his wife regarded the hospital as a community, 'a family' as he called it of which they were the heads. Hence his disregard for 'medical remedies' which are 'principally of use in the early stages of the disease' whereas 'there are but few . . . who if a particle of mind be left, are not to be won by affectionate attention'. This was 'the moral treatment' – 'by far the most difficult part of the subject' but if persevered with often followed by 'the delight of witnessing the

gradual return to reason and happiness'. The 'various modes' pointed out in the book were to be regarded merely as 'specimens . . . for the purpose of exciting benevolent ingenuity' and to show 'what very slight causes produce powerful moral effects'. From this attitude derived his emphasis on the two most important aspects of mental hospital life – the attendants and occupation, on which his fame rests. He put forward a plea for training mental nurses and for their better 'remuneration' so that 'persons of character and respectability' might be induced to become 'keepers and nurses' after suitable instruction: 'I know no way in which female kindness and ability could be more beneficially employed than in obtaining the requisite information, and then taking charge of the insane . . . I do not mean that females should attend a dissecting room, or enter upon a course of the study of medicine, but it would be most desirable that they should have an opportunity of obtaining a sound and fundamental knowledge of the various modes in which diseased action of the brain exhibits itself . . . and of the moral treatment which ought to be adopted'. He also proposed that 'one keeper ought not to have under his charge more than twenty, or twenty-five patients at the most', a nurse-patient ratio still not universally achieved today.

The mainstay of Ellis's enlightened system of asylum management was proper occupation and doubtless it was no coincidence that W. S. Hallaran was one of the few authorities mentioned in his book. 'Much has been said in favour of amusing occupations for the insane' wrote Samuel Tuke in his introduction to the English translation of Maximilian Jacobi's *On the construction and management of hospitals for the insane*, 1841 'but they are not to be compared as regards their beneficial influence on the mind, with those occupations in which a man labours to some useful end'. In fact Ellis introduced the gainful employment of patients on a large scale and even had them taught a trade. How much of an advance this was is shown by the prejudices he had to overcome at Wakefield where 'it was seriously proposed that no patient should be allowed to work in the grounds . . . without being chained to a keeper', and to allot patients 'a corner of the garden . . . for their labour, and that they should dig it over and over again all the year round' was the extent to which the principle of keeping patients occupied had been taken. In place of this Lady Ellis organised the female patients under a 'workwoman' – an occupational therapist today – to make 'useful and fancy articles' which were sold at bazaars and outside the asylum. The men were encouraged either to follow their own trade or to learn a new one from the keepers or tradesmen employed about the institution. As a result out of 612 inmates at Hanwell in 1837, 454 were doing daily useful work. To Ellis continued Tuke (*ibid.*) 'we are indebted for the first extensive and successful experiment to introduce labour systematically into our public asylums. He carried it out . . . with a skill, vigour, and kindliness towards the patients, which were alike creditable to his understanding and his heart. He first proved, that there was less danger of injury from putting the spade and the hoe into the hands of a large proportion of insane persons, than from shutting them up together in idleness, though under the guards of straps, strait-waistcoats, or chains'.

'Obstinate and incorrigibly perverse' patients who did not respond to Ellis's plan were dealt with by the 'humane and rational plan of punishment by deprivation and confinement' instead of the whippings and other harsh mea-

sures of former times. If these did not suffice 'the terror . . . of the electrifying-machine' was found to 'often overcome the vicious inclination. The same effect is frequently produced by the shower-bath, but still more so by the . . . circular-swing . . . Under these . . . patients soon learn to put themselves under that discipline which will exempt them from such uncomfortable consequences'.

Keenly aware of environmental and social influences on insanity, Ellis suggested what today are much encouraged as after-care homes and night hospitals as a stepping-stone from the asylum to the world by which he considered the length of patients' stay would be reduced and in many cases the cure completed: 'but even if this be impracticable, much might be done by permitting the patients when convalescent . . . to go out and mix with the world before their discharge' – also a very modern note. He pointed out too that poverty and unemployment lead to insanity and that insanity in turn aggravated poverty, and gave examples of how the funds started by private charity at Wakefield and the Queen Adelaide Fund at Hanwell (started in 1835) had helped patients to restored health and to their former place in society, and prevented relapses.

To get to know his patients individually and so enable him to institute the most suitable 'course of moral treatment' Ellis examined their heads 'phrenologically', a method he found most useful in determining character and propensities as his letter of 1835 shows [see FIG. 162]. 'I candidly own, that until I became acquainted with Phrenology, I had no solid basis upon which I could ground any treatment for the cure of the disease of insanity', he wrote to George Combe in 1836; and again 'that, residing amidst 600 lunatics, no day passes over in which the truth of Phrenology is not exemplified'. The practical application of phrenology in treatment had been sketched by Andrew Combe (1831): 'By unfolding to us what the primitive powers of the mind are, and the objects and relations connected with each; and further, by enabling us to distinguish with accuracy the natural dispositions and talents of the patient, or the proportionate strength in which every individual faculty is possessed, Phrenology gives us a power of acting, and of adapting external circumstances to the exigencies of the case, with a precision, confidence, and consistency, which it is impossible to obtain in any other way . . . in the great majority of cases, the madness takes its character from the predominant organization and mental endowment . . . Now, it gives the physician immense command over such patients, when by the examination of the head he can, as generally happens, discover the natural dispositions so accurately as to know what are the probable points of attack in the mental constitution . . . and what class of motives or line of mental discipline is likely to be attended with the best effects in subduing excitement, and promoting the return of reason'.

This was the first great help phrenology offered; but it also gave as it were a 'scientific' explanation for the common sense observation that idleness in asylums was an evil and occupation a blessing. 'The second great principle' continued Andrew Combe 'in conducting the moral treatment of the insane, is to give due exercise and occupation to the mental faculties and cerebral organs which are unaffected . . . When we see the numerous instances of nervous disease, and of insanity induced by no other cause except want of occupation in persons . . . who have ceased to labour; in females who had never had any imperative employment; in retired officers, and other individuals of the same description, it is impossible to be blind to the fact, that confinement in an

asylum, without any means of mental or bodily exercise, must be extremely prejudicial to recovery . . . All those who have acquired celebrity in the cure of insanity have been careful in providing for this requisite of cerebral and mental health; and, happily, its importance is now beginning to attract some portion of the attention which is due to it; and we may hope that the day is not far distant when every asylum will be provided with means of employment, exercise, and recreation proportioned to the magnitude of the objects to be gained by their application'. Naturally Ellis who had made his mark by the stress he placed on occupation of the insane was attracted to phrenology, and accepted the rationale that the unaffected healthy 'cerebral organs' needed exercise and development.

But phrenology did still more for the physician who had to apply these principles to his often troublesome patients: it taught him how to deal with them without getting involved emotionally and reacting personally. 'Phrenology assists greatly in enabling the practitioner' explained Andrew Combe, 'to keep his temper calm and unruffled amidst the insults, and sometimes blows, directed against him . . . Perceiving in the maniac's rage the blind outpourings of excited Destructiveness, and aware that even there the higher feelings of our nature will often respond to their exhibition in himself, the physician can sometimes allay the storm with perfect safety, by merely addressing himself in kindness, sympathy, and confidence to the patient's moral nature; for in almost the worst instance, there is some link or other with humanity, which, if properly taken advantage of, will soothe and comfort the patient; whereas force and restraint, injudiciously applied, will rouse ungovernable fury, not unattended with danger to life. I have seen a patient in this state resist for hours the united efforts of four or five of the strongest men, and in a few minutes led away without disturbance by one individual, whose only means of coercion were mildness, tact, and firmness'.

It is a remarkable fact that phrenology which – as Ellis exemplifies – was so great a stimulus to psychology and added so much to moral treatment and the management of the insane, achieved all this almost despite and not because of its fundamental untenable tenets of innumerable propensities read from bumps on the head. How then did it achieve its great and progressive influence in this field? Surely because the application of the doctrine made physicians take an individual interest in patients and their personalities. By providing an '-ology' it satisfied man's intellectual need to shelter under a system and follow a prescribed line.

Ellis then was a progressive superintendent who used all 'modern' even novel means to improve the condition of his patients. He deserves in fact a place in the history of psychiatry more prominent than he has hitherto been given as a practical path-maker for the great non-restraint system which Conolly so successfully introduced at the same asylum one year later and which he, the zealous reformer, proclaimed to the world as the fundamental principle in the management of the insane.

Employment of patients

In the account of the mode in which the Asylum at Hanwell is managed, the various steps will be traced, by which the system of employing the patients has gradually increased, until, at the present, 454 out of 610 are regularly at work; and many of them at trades, with which they were totally unacquainted until they were taught them in the institution. When the system was commenced by myself and my wife, on the opening of the Asylum for the West Riding of Yorkshire, at Wakefield, so great was the prejudice against it, that it was seriously proposed, that no patient should be allowed to work in the grounds outside the walls without being chained to a keeper. Another suggestion was, that a corner of the garden should be allotted for their labour, and that they should dig it over and over again all the year round. The kind feeling and good sense of the people in the neighbourhood soon overcame these prejudices; and not only did they witness with pleasure the unfortunate patients happily engaged in their works in the grounds of the institution, but they were delighted to meet them emerging from its bounds, and, by a walk in the country, and a little intercourse with their fellow-men, preparing to enter again into society . . . Most sincerely do I hope that similar feelings will soon operate in favour of the patients at Hanwell, and that an unfounded prejudice will not long continue to confine them entirely within the pales which surround the building.

An account is also given of the measures actually adopted for the punctual and orderly arrangement of the duties necessary to the management of so large a family. It is hoped, that those who are about to undertake the conduct of similar institutions may derive from it some assistance in the formation of their plans. A copy of the written rules given to each of the domestics is added in the Appendix . . . But . . . unless proper persons be selected, it is impossible to prevent acts of oppression occasionally taking place. When the harassing and irksome nature of the duties of the attendants on the insane, and the importance of those duties being properly fulfilled, are considered, it is obvious, that such an amount of remuneration should be proposed as should induce persons of character and respectability to offer themselves as keepers and nurses.

Alleviation of poverty

As the asylums at Wakefield and Hanwell are established solely for the reception of the poor, it will not be a matter of surprise that a greater number of its inmates, both male and female, are sent thither through distressed circumstances, than from any other moral cause . . . It is a lamentable fact, that the most frequent instances of insanity, from this cause, are amongst the honest and industrious. A poor man who has been in the habit of maintaining his family in respectability, has been, from

depression in trade or some untoward circumstances, thrown out of employment, or not able with his utmost exertions to earn what has been sufficient for the bare sustenance of his wife and children. He has been unwilling to apply to the parish for assistance; or, when driven there by absolute necessity, has received such a scanty pittance from a harsh and unfeeling overseer, as barely to enable him to drag on a miserable existence with a body emaciated from want. The brain participating in this general weakness, is no longer able to endure the high state of action into which it is thrown by anxiety, without having its functions injured . . .

This state of poverty, too, is not only a source from which the disease first originates, but it very frequently is the cause of relapses. Removal from the scenes of misery which have been so painfully felt, and occupying the mind with other objects, aided by the influence of good diet, have often produced very salutary effects in a short time, and ultimately restored the patients to sanity. A return to the poverty which they had left, has, however, in many instances brought on fresh attacks almost immediately. This is a fact that cannot be too forcibly impressed on the minds of those whose duty it is to watch over the poor. A few pounds judiciously applied in such circumstances would often not only rescue a fellow-creature from the sufferings attendant on this disease, but, in addition, save the parish the expense of maintaining the man himself, probably for life, and his family until they can provide for themselves.

Within the last few years, by the munificent bequest of a thousand pounds from the late John Harrison, Esq., of London, to the Asylum at Wakefield, the visiting magistrates of that institution have been enabled to bestow a donation of a few pounds on patients who have been discharged cured, when their circumstances have required such assistance. The cheering influence upon the mind from the possession of such a little independence, upon which they could rely without applying again to the overseers for assistance . . . has . . . in many instances, preserved them from the immediate recurrence of the disease . . . Her Majesty Queen Adelaide is the patroness of a charity, which has for its object the supply of the immediate and most pressing necessities of the paupers, when discharged cured, from the asylum at Hanwell . . .

But something further is still wanted. A comfortable place, where such of the patients as might be deemed proper objects, might, for a time, find food and shelter, and a home, until they could procure employment, would be an invaluable blessing to them . . . Many patients might be tried in such an establishment, and eventually restored to society, who are now compelled to remain in the asylum as lunatics, in consequence of their retaining some erroneous view, on some unimportant matter. Although this does not interfere with their capability of judging between right and wrong, or prevent them from performing their duty, it is an unsurmountable bar to a medical superintendent signing a certificate of their sanity; and, without this, the visiting justices cannot order their discharge. I have

no doubt, that in many instances, this erroneous impression would be effaced by a little mixing in the world, and in the ordinary business of life . . .

Many of the patients in the Asylum at Hanwell have been reduced to pauperism solely from their insanity; and others of them have been in the habit of employing themselves in fine needlework. A considerable difficulty was felt in finding suitable occupation for such patients; the ordinary sewing and mending, which were wanted for the institution, were disliked, and there appeared no means of procuring for them work suited to their tastes. With a view to obviate the evils of idleness in this class, the matron hit upon the plan of establishing a bazaar. She borrowed of the treasurer twenty-three pounds eighteen shillings: this she laid out in the purchase of a few articles in the first instance as patterns, and in the buying the requisite materials. These are made up and worked by the patients, and sold by the workwoman to visitors at the bazaar, or are sent off to order. The scheme has answered beyond the most sanguine expectations. At the end of the first year, the whole amount borrowed from the treasurer, was returned out of the profits of the sale of the goods; and the matron was left with a small stock on hand, and with money due to her. The plan has been persevered in, and the workwoman has now between forty and fifty female patients, daily employed in the making useful and fancy articles for sale. The greatest difficulty was felt, in the first instance, in obtaining a market for the goods. But as they are good and cheap of the kind, this obstacle is gradually being overcome. It is hardly possible to conceive the benefit which the patients have derived from this employment.

MENTAL NURSING

On the arrival of each patient, the warrant for his admission is seen to be correct, and inquiries are made of the overseers and friends, in order to obtain such information as may enable the surgeon to select the most appropriate ward, and to warn the keeper or nurse, in case of there being any disposition to violence or suicide. After the ward has been chosen, the patient is entrusted to the keeper or nurse, and is immediately stripped, thoroughly cleaned, and clothed in the asylum dress. The clothes in which the patient comes, are taken away by the overseer. The patient is seen in the afternoon by the house surgeon, who ascertains the general state of the health, and, if requisite, calls in the advice of the physician; if not, on accompanying the physician in his rounds, on the next morning, he reports the case to him, and the patient is examined by them, and the moral and medical treatment prescribed . . . The superintendent usually examines the head of the patient phrenologically, and forms his own conjectures as to the character . . . In the first instance, out-of-door employment is generally tried; the patient is put under the especial charge

of one of the servants, and set to work on the ground in such a way as to avoid any danger of his injuring himself or others. By-and-by, as his character becomes more known, and it is considered safe to trust him, in case of his being a mechanic, he is taken to the keeper, who has the same occupation with which he is acquainted, and is induced to work at his trade. And as there are bricklayers, joiners, tinners, blacksmiths, shoemakers, tailors, brushmakers, twine-makers, pottle-makers, basket-makers and coopers, all at work about the institution, it is most probable that a mechanic will be able to select from amongst them some occupation with which he has been previously acquainted, or which he may like to learn: at all events, the reward of a little tea, tobacco, beer or some other luxury, congenial to his taste, will, with a little management, generally be sufficient to induce him to occupy himself, either in his ward or out of doors. Indeed, on an average, 454 patients, out of the 612, are daily employed: and of the others, who are idle, some are fatuous, others in such a state of debility as to be unable to work, and only very few idle solely from disinclination to employment.

JOHN AND THOMAS MAYO

REMARKS ON INSANITY, 1817

REMARKS

ON

INSANITY;

FOUNDED ON

THE PRACTICE OF JOHN MAYO, M.D.

FELLOW OF THE COLLEGE OF PHYSICIANS,

AND TENDING TO ILLUSTRATE THE

PHYSICAL SYMPTOMS AND TREATMENT

OF

THE DISEASE.

BY THOMAS MAYO, B.M.

FELLOW OF ORIEL COLLEGE, OXFORD.

LONDON:

PRINTED FOR THOMAS AND GEORGE UNDERWOOD.

FLEET-STREET.

1817.

FIG. 169 Title-page of John and Thomas Mayo's *Remarks on insanity*, 1817, the only work by a father and son.

John Mayo (1761-1818), MD Oxon, FRCP, formerly physician to the Middlesex and the Foundling Hospital, was in 1817 practising in Tunbridge Wells while his son Thomas was working for his Oxford MD. The object of their joint publication was 'to vindicate the rights of [our] profession over Insanity, and to elucidate its medical treatment' by remedying the paradoxical situation that there was so much 'said on physical treatment, and so little respecting physical symptoms'. They continued: 'It has been our object to push into notice the comparatively neglected tribe of physical phenomena' of insanity since 'the predominant importance attached to the mental symptoms . . . separates this complaint, as distinct in kind from general disease, and deprives it of the benefit of many analogies, by which it is in effect connected with other disorders'. Although they admitted that 'the occasioning causes of the disease are indeed often mental' and 'that mental stimulants can heighten and aggravate it', they held that if an insane person 'is treated mentally as if he were in health, except that his sallies are forcibly repressed' and at the same time be submitted to 'the medical regimen which we have sketched . . . we shall indulge fair hopes of curing the patient. But, reverse the means of cure; let the degree of medical regimen be no more than . . . the moral in the first case . . . [and] we shall no longer answer for the event'. It is interesting to find at this early date the basic approach of modern somato-therapists in psychiatry so unequivocally stated.

THOMAS MAYO (1790–1871)

MD Oxon, Fellow of the Royal College of Physicians and President 1857–62, FRS, physician of Tunbridge Wells and to the Marylebone Infirmary, London

Elements of the pathology of the human mind, 1838 *London, Murray* (pp. xii+182) pp. 33-5, 37-9

Throughout his life as a consulting physician Thomas Mayo retained his interest in mental diseases and their connection with physical disease. This is shown by the first book he wrote with his father [see FIG. 169] and by *An essay on the influence of temperament in modifying dyspepsia*, 1831. Later he turned his attention increasingly to medico-legal matters and especially the plea of insanity in criminal cases as in *Clinical facts and reflections; also, remarks on the impunity of murder in some cases of presumed insanity*, 1847, and *Medical testimony and evidence in cases of lunacy*, 1854. But perhaps as the result of growing practical experience a striking change is noticeable from the marked emphasis on physical etiology and physical treatment of 'insanity' which had characterised his earliest publication to the predominant concern with 'mental pathology' in the book which appeared twenty-one years later and is quoted here.

'While the combined existence of physical and mental phenomena in every morbid state of man is admitted by us' he wrote, 'it is equally obvious, that in *some* morbid states mental phenomena predominate, while in others there is a corresponding predominance in bodily symptoms . . . it is my purpose to prosecute an inquiry into the elements of mental pathology . . . in that class of disorders in which mental symptoms predominate'. Whereas before he had maintained that physical treatment alone without 'moral regimen' or psychological treatment would cure insanity, he was now at pains to show the 'very valuable influence' which 'may be obtained over the insane mind' and how powerful could be 'the effect of a well-regulated mind upon the convalescent insane'. 'A dose of calomel is easily administered' he continued 'and if it succeed, is very prompt in its relief of mental uneasiness. A system of mental discipline is of slow operation. Between the two . . . there is however this important difference; that the one has no necessary connection with the formation of a habit of self-control; while the other essentially involves it' – which presumably he considered would preserve the patient from relapse. Although he apologised for stressing 'the mental treatment of a mental disease' he felt it was a much needed corrective because 'this view of the subject . . . is always liable to be neglected in favour of physical treatment founded upon physical views'.

The extracts describe the lack of affect and loss of contact with environment under the heading 'Sympathy' which are today considered characteristic of the schizophrenic; and second, how the phenomenon of 'double consciousness' produced by mesmerism then recently demonstrated by Elliotson at University

College Hospital, might lead to the discovery of 'the necessary antecedents to an attack of insanity' which it resembled and which 'are hidden from our view . . . behind a veil, more impenetrable than is thrown over any other disorder'.

DEFICIENT SYMPATHY: LACK OF AFFECT

It would appear, either that the insanely *predisposed* are peculiarly deficient in this principle [sympathy], or that insanity tends to weaken its efficacy, in those who are afflicted by the disease. This opinion is principally based on the following apparent facts. First, that in the insane there is invariably a diminished state of those natural affections, which require sympathy for their full development, and these are the kindly ones. While, on the other hand, most persons retain their full capacity for the evolution of hatred, anger, and uncharitableness, properties which require no assistance from sympathy. Secondly, that the supposition affords a practical diagnostic in insanity. In many persons thus situated, in whom, at the time at which the inquiry is made, the reasoning powers are in a clear and sound state, and whose emotions are at the time flowing evenly and quietly, we are enabled to detect disease, by observing, that the patient is not going along, or sympathising with us, or, indeed, with any one extrinsic to himself. Perhaps his conversation can only be characterised as morbid, by its remarkable want of relation to all that is passing in the minds of by-standers. In this point, indeed, the insane are remarkably contrasted with the inebriated, whom, in many respects, they greatly resemble. Persons in the latter state overflow with sympathy, and carry it to a ridiculous and maudlin extent.

ANALOGY BETWEEN INSANITY AND DOUBLE CONSCIOUSNESS

There is a morbid state of the human mind admitted by pathologists, under which the patient lives in alternate stages, as it were of two different beings, in regard to the sequence of his thoughts, and the operations of his intellectual and moral properties. The one is easily recognised as his normal state. It exhibits the ordinary phenomena of his character and habits. In the other he appears to have undergone a remarkable change. He has forgotten things and persons, or views them in perfectly new lights. The current of his thoughts verges on delirium in rapidity and excitation. Sometimes there appears in him more force and vivacity of intellect in his paroxysmal state, than was observable in his original character. From each of these states he drops suddenly into the other, and he has no clear recollection in the one, of subjects which had interested him in the other. This morbid state, to which the name double consciousness is usually given, has a considerable affinity to the intermittent form of madness; so much so, that it seems not unreasonable to suspect that their laws of causation may have some common points. Now, unless the system of

Mesmerism, which has recently been brought before the British public, be a system of simulation and collusion, we have here also a form of double consciousness, which those who have seen the experiment made during the spring of 1838, at a London Hospital, will admit to have exhibited this affinity in a high degree; – *and this form of double consciousness is voluntarily brought about by external agency*. On the principles which regulate this agency, I have nothing to say.

The facts indeed, produced by the professors of this new science, should be kept carefully distinct from the various hypotheses, on which they have at different times been based. The latter may be erroneous and absurd, while the former may be undeniable. If true, these facts constitute a remarkable epoch in the history of the nervous temperament. If false, they involve marvellous imposture, and leave us in a state of profound distrust at the evidence of our senses. The subject has not yet obtained the scrutiny which it deserves. To such a scrutiny I must observe, that apparent deviations from the order of nature ought to oppose no obstacle. It is probable that some improbable phenomena should turn out to be true, if ever it should be given us to fathom the laws to which the phenomena of mind are subjected.

The necessary antecedents to an attack of insanity are hidden from our view at present behind a veil, more impenetrable than is thrown over any other disorder. If Mesmerism should help us to a partial removal of this veil, it will have done much. The discovery of a cure in disease is most likely to be effected through a discovery of its cause.

JOHN KIRKMAN (1794–1887)

MD Edin., medical superintendent, Suffolk County Lunatic Asylum, Melton 1831–1876; President of the Association of Medical Officers of Asylums and Hospitals for the Insane, 1862

Annual report of the Suffolk Lunatic Asylum, for the years 1838-9, 1841-4, 1848 (*Woodbridge*, 1839-40, 1842-5, 1849)

In Kirkman's time a county lunatic asylum was in effect a rural community ruled by a medical superintendent whose wife was often matron in charge of domestic arrangements. From him the whole establishment took its spirit and morale and this in turn reflected on the treatment and recovery of patients. For this reason it was said 'that the office of Physician to a Lunatic Asylum is more difficult appropriately to fill, than any other belonging to the profession . . . Independent of the advantages of [medical] education, the physical and moral qualities of the man are of paramount importance . . . The number of cures . . . depend . . . upon the unremitting daily labour bestowed upon the whole' (Caleb Crowther *Observations on the management of madhouses, illustrated by occurrences in the West Riding and Middlesex Asylums*, 1838–41).

In their annual reports to the county magistrates, superintendents not only gave statistical information about admissions, discharges, deaths and so on, but also recorded unusual and interesting cases and made general observations on the day to day management and employment of patients. With the appearance of *The Asylum Journal of Mental Science* in November 1853 much of this material reached a wider public, but until then asylum reports give the best picture of 'lunatic life'. Unfortunately they were issued in small numbers mainly for local circulation so that complete series are rarely found outside the institution where they were written – and one must add today not always there. An exception were the annual *West Riding Lunatic Asylum Medical Reports* instituted in 1871 and edited by Sir James Crichton-Browne (1840–1938) son of W. A. F. Browne (co-founder also of *Brain*, 1878) while medical superintendent of Wakefield where he also established the first pathological department in an asylum. This combined psychiatric and neurological with therapeutic and pathological studies mostly by members of his staff of valuable material 'hitherto buried in case-books and diaries'.

Kirkman may be taken as representative of the old extinct *pater-familias* superintendent. His benign attitude to 'our patients' and their individual needs and foibles comes through on every page of his reports. The hospital and its inmates were his life for forty-five years and better understanding, treatment and facilities his aim. Extracts are given from seven of his reports during the crucial ten-year period 1838–48 which saw the introduction of the great non-restraint movement by Gardiner Hill and Conolly and with it the beginning of the

modern mental hospital, and the founding, as recorded by Kirkman, of the Association of Medical Officers of Asylums and Hospitals for the Insane – today the Royal Medico-Psychological Association – the inaugural meeting of which took place at the Gloucester County Asylum on 27 July 1841 (convened by its secretary Dr Samuel Hitch, resident physician, under the chairmanship of Dr Shute, consulting physician, followed by the first of what became annual meetings in November the same year at Nottingham Asylum with Andrew Blake in the chair).

ASYLUM REPORTS

For 1838. There never *should* be a contest of strength between a patient and a keeper; and in this house there *never is*. Activity, gentleness, and that peculiar tact acquired by long training, will prove how very much may be effected by soothing kindness, without any particular strength being called into exercise. Here is the great secret of moral management: and it is almost incredible to those who have never habitually associated themselves with these afflicted individuals, how very rarely *personal* restraint is *really* necessary. Watching supersedes everything in this respect. A strait waistcoat has not been used here for *years*.

For 1839. One great advantage of regular periodical Reports of such Institutions as this, is, that they lead to suggestions of improvement by their necessarily repeated investigations . . . and as the most successful *practice* does not always follow, either the greatest *integrity* of *intention*, or the utmost *energy* of *effort*, it would be well if a regular interchange of such Reports could be effected amongst those to whom *practical* suggestions must ever be valuable . . . The published investigations on the later, and the *better*, or perhaps the *best*, regulated Institutions, lead to conclusions so entirely in accordance with the opinion held for more than twenty years, and invariably expressed in regard to our inmates here, that they encourage a hope that before long, we shall see in all our Lunatic Asylums, as the test of good management, the NO-RESTRAINT PRINCIPLE *entirely carried out – constant employment actively promoted – and a liberal diet universally secured* . . . Upon *treatment*, one can only generalize, and urge a uniform system of kindness by every means and in every way. *Dress*, is a point in this respect not sufficiently considered, particularly with the women, and the plan of having one regular Asylum garb is decidedly objectionable. Very much may be done by studying the habits and pleasing the fancy; and though it may appear a trifling subject, it is occasionally the turning point towards a favourable change. A woman here, a few months back, lost a Relative; and giving her a black gown in the place of another, produced not only a good feeling in her mind, but soothed the irritation she felt at what she deemed the unnecessary separation from her friends.

For 1841. We feel a desire not to lose sight of such as leave us *well.* This is one great advantage that is possessed at Hanwell, by the Adelaide fund; from which, not only is an allowance made to remove the effect of sudden deprivation, but a partial oversight of discharged Patients, for some time secured . . . Amongst the many important proceedings which have taken and are still taking place, under the hope that the true character of our hospitals for the insane may be more fully understood, and our patients more uniformly treated; an opportunity is now afforded of placing this somewhat exclusive branch of Medical Science on a more clear and comprehensive footing, by the establishment of an Association of medical officers, attached to all our public institutions throughout the Kingdom. It is proposed that annual visits should be made in rotation to each Asylum, and the comparison one with another cannot fail to be attended with multiplied good effects.

For 1842. The character and credit of our Lunatic Asylums, even when these are possessed to the utmost, can scarcely be contemplated yet, with unmixed satisfaction: nor does this seem to be attainable, but as they are encreasingly known to partake of the nature of *Hospitals for the Insane,* and to be considered generally as proper places of *cure* – not establishments for detention alone.

For 1843. Those two most extraordinary characters, who take the titles, and occasionally something *more* than the titles, of King and Queen, have both, within the last week only, been extremely violent. The Queen, as she was working (which notwithstanding her variable sway, she constantly does, in the laundry, and generally speaking, *well* too) broke two tables, and several drying horses: and the King, on seeing the gardener remove some trees from the spot where the enlargement is to be, declared not only his refusal to pay for any *new* buildings, but signified his determination, somewhat inconveniently, of knocking down the *old.*

For 1844. Extreme quietude . . . is but an uncertain criterion of the state of an Asylum, and it is difficult to understand why it should now be a test in such high estimation. The real comfort of a patient is neither advanced nor diminished by an elevated or subdued tone of voice; and apparent violence may be only a *wholesome* ebullition of feeling, perhaps dangerous to suppress . . . As far as one can judge, some of our patients seem perfectly *happy* if they can hallo and sing. The morning exercise of one woman is to run into the middle of the airing ground, and scream out as loudly as she can . . . it is not the *persons of such patients,* but our own anticipations of quietness that must be laid under restraint . . . alterations are not *necessarily* improvements in their management.

For 1848. State of the House, December 22, 1848

	Males	Females	Total
In the House, December 31, 1847.....	116	134	253
Admitted since	31	51	82
	147	185	332

	Males	Females	Total			
Discharged, cured	13	25	38			
Discharged, relieved ..		2	2			
Died.....	11	16	27	24	43	67
Remaining in the House, Dec. 22, 1848				123	142	265

This table presents a very large preponderance of female admissions; and with the exception of the year 1839, beyond what there ever has been since the first opening of the Asylum: and it shews that on this side alone there are twenty more patients than there is suitable accommodation for . . . and secure at the same time that proper classification and actual supervision which is indispensable to its welfare . . .

There has been, of late years, a vast quantity of work done by the patients; and this year it has been continued and increased; and it may be added, that notwithstanding the daily use of instruments, there has never been an accident of any kind. Improved drainage has been effected entirely on the male side; the dulness of the airing-grounds has been replaced by the cheerfulness of the garden; and they have been made lighter and drier, and consequently more healthy, by the old walls being repaired, and their irregularities remedied . . . We reckoned a short time ago, that upon an average, one hundred of each sex were more or less employed . . .

A suicide occurred in February last, of a female who had only just before the act, been in the height of good humour and spirits: while the servants were continually passing her door, she tore off a piece of her sheet and effected strangulation. Such suicides are rather self-*sacrifice* than self-*murder*; there is no remorse of conscience leading to crime: and this may be considered as a very distinctive mark; and it is a mark as constantly observable now, as it is recorded to have been in the earliest records we possess . . . But there may be also impulsive restoration to reason. When the last year's Report was made, notice was taken of the condition of one of our most interesting men. Our Porter was so violent and excited for many months, that he appeared in increasing danger of sinking from maniacal exhaustion. In the midst of one of his most violent paroxysms, the Medical Officer, to whom he was always attached, and on whom he always waited with the kindness of a child, went to him, and heard him through a long charge of offences and threats. Upon leaving him, and putting out his hand, he suddenly caught hold of it, and in the impulsive feeling of subdued violence, cried out 'you know I would not hurt you'. He regained bodily health and mental power from that time.

ROBERT GARDINER HILL (1811–1878)

MRCS, LSA, LRCP Edin., house surgeon (resident medical officer) Lincoln Asylum 1835–40; joint owner of Eastgate House Asylum Lincoln 1840–63, and from 1863 Earls Court House Asylum, Old Brompton London, Wyke House and Inverness Lodge, Brentford Middlesex

Total abolition of personal restraint in the treatment of the insane. A lecture on the management of lunatic asylums, and the treatment of the insane; delivered at the Mechanics' Institution, Lincoln, on the 21st of June, 1838: with statistical tables, illustrative of the complete practicability of the system advocated in the lecture, [1839] *London, Simpkin, Marshall* (pp. ix+112 +tables) pp. v-ix, 21-3, 37-8, 50-4, table C

TOTAL ABOLITION OF PERSONAL RESTRAINT IN THE TREATMENT OF THE INSANE.

A

LECTURE

ON

THE MANAGEMENT OF LUNATIC ASYLUMS,

AND THE

TREATMENT OF THE INSANE;

DELIVERED AT THE MECHANICS' INSTITUTION, LINCOLN,
ON THE 21st OF JUNE, 1838:

WITH

STATISTICAL TABLES,

ILLUSTRATIVE OF THE COMPLETE PRACTICABILITY OF THE SYSTEM ADVOCATED IN THE LECTURE.

BY

ROBERT GARDINER HILL,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, LONDON;
HOUSE-SURGEON OF THE LINCOLN LUNATIC ASYLUM.

LONDON:
SIMPKIN, MARSHALL AND CO., STATIONERS HALL COURT,
AND S. HIGHLEY, 32, FLEET STREET,
LINCOLN: W. AND S. BROOKE.

FIG. 170 Title-page of Gardiner Hill's *Lecture*, 1838, stating the principle of 'total abolition of personal restraint'.

The movement to improve the conditions of the insane in asylums by substituting moral treatment and selfcontrol for coercion and repression started almost imperceptibly in the second half of the eighteenth century, was highlighted in 1793 when Pinel struck the chains off his patients at the Bicêtre and again in 1813 when Samuel Tuke published his account of the York Retreat. It reached its culmination in 1837 when it was reported in *The thirteenth report of the Lincoln Lunatic Asylum* that working under the aegis of its kindly progressive physician Edward Parker Charlesworth (1782-1853), MD Edin., the 'House Surgeon' Robert Gardiner Hill 'has expressed his own belief, founded on experience in this house, that it may be possible to conduct an Institution for the Insane without having recourse to the employment of any Instruments of Restraint whatsoever [see FIG. 171 (*a*) and (*b*)] . . . personal attention towards the Patients shall be altogether substituted for the use of Instruments'.

Gardiner Hill entered on his psychiatric career at the Lincoln Asylum (opened in 1820 for above 50 patients as a public institution supported like the Northampton Asylum by voluntary contributions and payments from patients) in 1835 after a year as medical officer at the Lincoln General Dispensary. 'The first thing that struck me on my introduction to the Asylum was a poor fellow with poultices on his wrists, and an attendant standing by him to prevent him eating them. The wrists were poulticed in consequence of injuries produced by the use of handcuffs . . . This case made a deep impression on me . . . heightened by observing the frequent struggles and violent efforts made by patients to resist the imposition of instruments of restraint, – their sufferings under it, – the injuries they inflicted on themselves, – and the spirit of revenge and gloomy resentment which they nourished against the attendants. It is true Dr Charlesworth attempted to improve the instruments of restraint, by substituting iron handcuffs, and leathern hobbles for the strait-waistcoat, &c. But after all, it is doubtful whether this was any very great improvement upon the old system . . . Never shall I forget the sufferings of A.B. . . . this poor creature was handcuffed and hobbled, and placed in solitary confinement . . . chained to his bedstead . . . until at last he sunk, a prey to the fatal system'. Such were Gardiner Hill's first and indelible impressions, recorded in *A concise history of the entire abolition of mechanical restraint . . . and of the . . . non-restraint system*, 1857. 'Reflecting on these things' he continued 'and finding that good effects invariably followed a milder treatment, I made statistical tables with great labour; I tabulated the results of different modes of treatment; I considered the several cases individually; I lived amongst the patients; I watched their habits; I reflected that sometimes for days together restraint had been dispensed with, although the principle had not been adopted, nor thought of, as applied to the more violent cases. At length, I announced my confident belief that under a proper system of surveillance, with a suitable building, instrumental restraint was in every case unnecessary and injurious. I mentioned this opinion to Dr Charlesworth and the Governors; I adopted it as a principle; I acted upon it; and I verified my theory by carrying it into effect'.

So ended the old era in psychiatry in which there was no humanity and no science and which it is difficult to realise lasted into the reign of Queen Victoria. In 1840 Gardiner Hill wrote to *The Lancet* about the results achieved in the first three years of the non-restraint system: '1. All *recent* cases have been discharged recovered. 2. Several cases considered to be *incurable* have been discharged

" At the request of the Board, We the Undersigned, being all " the Officers of the Asylum at present resident in Lincoln, readily " annex our Signatures in further confirmation of the preceding " Statement.

" Geo. Gordon, Vice Pt.	W. D. Cookson, M.D.
" John Fardell, Treasurer.	Rd. Elmhirst, M.D.
" Jas. Snow, Aud. & Surg.	John Hewson, Surgeon.
" M. Tonge, Auditor.	Ralph Howitt, Surgeon.
" E. P. Charlesworth, M.D.	

" Benefactions are received at the Asylum, and at any of the " Banks within the County.

" A Benefaction of £21 (at one or two payments) constitutes " the Donor a Life Governor."

It cannot be too widely made known that in a properly constructed and well regulated Asylum, the Insane may be treated not only much more easily and effectually, but also much more mildly than at their own home, where the unadapted arrangements of the Dwelling and Grounds, and the presence of Relatives and Dependants, oppose unceasing impediments to Recovery, and often produce an aggravation of the complaint by the restraint and close confinement which may become unavoidable under the circumstances.*

The present House Surgeon has expressed his own belief, founded on experience in this house, that it may be possible to conduct an Institution for the Insane without having recourse to the employment of any Instruments of Restraint whatsoever. He has certainly made a striking advance towards verifying this opinion, by conducting the Male (the completed) side of the house, with but a solitary instance of such restraint, either by day or by night, during the course of the sixteen last months, and that applied only for two hours, during his absence; nor is it impossible, when the Buildings can be finished, that an example may be offered of an Asylum, in which undivided

* Patients are frequently brought to this Asylum under distressing Restraints, which have been kept constantly applied for several weeks or months together, and in one instance for more than twenty years. At the Bicetre in Paris, the chains imposed at the time of admission were not ever removed till death; the humane and intelligent Pinel, after an arduous struggle with the authorities, succeeded at last in breaking through this barbarous custom, and restored the inmates to ease, comfort, and recovery.

FIG. 171(*a*) Page of text from *State of the Lincoln Lunatic Asylum* (the 13th Report) 1837 by the chairman W. M. Pierce showing the inception and first mention of 'non-restraint'.

recovered. 3. The inmates are much more happy and comfortable than under the old system. 4. Even the refractory ward preserves (in general) an orderly and apparently quiet appearance; there has been a *marked increase* in the tranquillity of the establishment . . . 5. Outbreaks and sallies of passion occur very seldom; fits of phrensy are of much shorter duration. 6. Many patients, insensible to the calls of nature, through previous restraint, have been restored to habits of cleanliness . . . 7. No serious accident has occurred under our system of *surveillance*. 8. Lastly, no suicides have happened'. Within a period of a very few years after its introduction 'the non-restraint system had become, with few exceptions the system of treatment throughout Great Britain: it had been adopted in some of the most eminent institutions of the Continent, and in America'. It was subsequently acknowledged as together with anaesthesia and antisepsis one of the three great medical advances of the nineteenth century. It was the beginning of psychiatry freed from the stigma of violence and the

distortion of oppression, amenable to scientific study, and with it emerged the insane as mentally ill patients with the dignity of sick human beings.

What of its immediate reception? There 'arose a perfect hurricane of opposition to myself and my system, within the institution and without. I was abused in no measured terms; and the Hill-ite system denominated "speculative", "peculative", "Utopian", &c., "the raving of a theoretic visionary", and, by unnecessarily exposing the lives of the attendants, a practical breaking of the 6th commandment . . . Indeed for many years I was stigmatised as one bereft of reason . . . The system was called "a piece of contemptible quackery, a mere bait for the public ear". As regards the Lincoln Asylum it was most extraordinary, that notwithstanding the many expedients previously resorted to with the avowed purpose of diminishing the number of restraints, so great was the opposition . . . that despite the constant and strenuous support of Dr Charlesworth, I was ultimately compelled to resign my appointment. In fact, it was impossible to remain. The attendants were encouraged in acts of disobedience, and all control was lost. Had I retained my appointment, I must have sacrificed my principles'. Even afterwards he stated at a civic reception and presentation in his honour given at Lincoln in 1851 that he had been 'shut out from some other important posts because I was the author of that "absurd dogma" that *restraint is never necessary*'. This reaction to the non-restraint system – *the sine qua non* of all future progress – compares strikingly with the immediate and ready acceptance of some often injurious absurdities which have from time immemorial been introduced into the treatment of the insane.

In 1840 Gardiner Hill retired into private practice and for the rest of his life was unrewarded – apart from civic honours such as the mayoralty of Lincoln in 1852 – and embittered by his struggle to achieve recognition for his priority claim. This was the main reason for his two later publications from one of which the above quotations are taken and the other *Lunacy: its past and its present*, 1870 in which he restated his case. In May 1839 immediately before taking up his post at Hanwell Conolly visited Lincoln Asylum 'and conversations and correspondence with Dr. Charlesworth and Mr. Gardiner Hill . . . strongly inclined me to believe that mechanical restraints might be safely and advantageously abolished in an asylum of any size', and how he at once put 'Mr. Hill's views' into practice is a matter of history.

TOTAL ABOLITION OF PERSONAL RESTRAINT

The object of the following Lecture is simply to advocate the Total Abolition of Severity, of every species and degree, as applied to Patients in our Asylums for the Insane; and with this view to shew, – *First*, That such Abolition is in theory highly desirable, and *Secondly*, That it is practicable: in proof of which assertions the present state of the Lincoln Lunatic Asylum is adduced. There such a system is in actual and successful operation – the theory verified by the practice. It may be proper to state here, that the principle of Mitigation of Restraint to the utmost extent that was deemed consistent with safety, was ever the principle pressed upon the attention of the Boards of the Lincoln Asylum by its humane and able Physician, Dr. Charlesworth: at his suggestion many of

the more cruel instruments of restraint were long since destroyed, very many valuable improvements and facilities gradually adopted, and machinery set in motion, which has led to the unhoped for result of actual Abolition, under a firm determination to work out the system to its utmost applicable limits. To his steady support, under many difficulties, I owe chiefly the success which has attended my plans and labours. He originated the requisite alterations and adaptations in the Building, and threw every other facility in the way of accomplishing the object. Experience has shewn that the mere partial mitigation of restraint is not in itself a safe system, suicides not having diminished under it; if any conclusion may be drawn from the few cases, it would appear on the contrary that there is not any safety, when the Attendants are not compelled to rely wholly upon Inspection. This propensity cannot be counteracted by any other means, than the constant supervision of attendants by day, and a watch by night, aided by the remission of ignorant and cruel usages which no doubt have often driven the insane sufferer to seek in suicide the only means of escape. The disappearance of suicide under the system of Total Abolition has confirmed this opinion. By the annexed Tables it will be seen, that not one fatal accident has occurred in this Asylum since the Total Abolition of Restraints.

The Appendix abounds in curious and instructive matter, which will be found eminently useful in other Institutions. It contains the proceedings of the Boards and Officers for a course of years in carrying out the great principles of Construction, Classification, Public Inspection, Pervision, exoneration of the Attendants from domestic duties, and other matters which have directly or indirectly borne upon the final extinction of restraint. These memoranda are peculiarly valuable, as not being merely wild and exaggerated views of the moment, but matters of practice slowly, gradually, and perseveringly worked out from point to point, as experience and an indefatigable spirit of benevolence directed the course . . .

Now there does not exist an Institution where *kindness* is not held forth as the principal means resorted to for the recovery of the insane. The very name of 'Mad-house' is almost forgotten. In place thereof an 'Asylum' is offered for these poor creatures . . . Still, however, much remains to be done: and it is mainly with the view of stating what may yet be accomplished, and not merely stating, but proving that statement by incontestible examples, that I now address you. *I wish to complete that which Pinel began.* I assert then in plain and distinct terms, *that in a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious, in all cases of Lunacy whatever.* I assert the possibility of the total banishment of instruments of restraint, and all other cruelties whatsoever. I assert that the Asylum of your own City, when completed, may be conducted without a single instance of restraint occurring from one year's end to another. I trust I may here calculate upon your indulgence when I venture to read an



FIG. 171(*b*) Lincoln Lunatic Asylum.

extract or two from the Reports of our Asylum for 1837 and 1838, although they have reference to myself, and my opinions.

(1837). 'The present House-Surgeon has expressed his own belief, founded on experience in this house, that it may be possible to conduct an Institution for the Insane without having recourse to the employment of any Instruments of Restraint whatsoever. He has certainly made a striking advance towards verifying this opinion, by conducting the Male (the completed) side of the house, with but a solitary instance of such restraint, either by day or by night, during the course of the sixteen last months, and that applied only for about six hours, during his absence; nor is it impossible, when the Buildings can be finished, that an example may be offered of an Asylum, in which undivided personal attention towards the Patients shall be altogether substituted for the use of Instruments. By the degree of approach to this Result of sound Construction, of Management, and of Official Conduct, ought the excellence of every Public Asylum to be tested.'

(1838). 'There is now an increased confidence that the anticipations of the last year may be fulfilled, and that "An example may be offered of a Public Asylum, in which undivided personal attention towards the Patients shall be altogether substituted for the use of Instruments of restraint." The cold conception of pushing the mitigation of restraint to the extent of actually and formally abolishing the practice, mentioned in the last Report as due to Mr. Hill the House-Surgeon, seems to be justified by the following abstract of a statistical Table, showing the rapid advance of the abatement of restraints in this Asylum, under an improved Construction of the Building, Night-watching, and attentive Supervision. We may venture to affirm, that this is the first frank Statement of the common practice of restraints, hitherto laid before a British Public.' . . .

But, it may be demanded, 'What mode of treatment do you adopt, in

place of restraint? How do you guard against accidents? How do you provide for the safety of the attendants?' In short, what is the substitute for coercion? The answer may be summed up in a few words, viz. – *classification – watchfulness – vigilant and unceasing attendance by day and by night – kindness, occupation, and attention to health, cleanliness, and comfort, and the total absence of every description of other occupation of the attendants . . .*

With your kind indulgence, I will trespass on your time and patience only a little longer, while I take a brief view of the *obstacles* to the practical execution of this, my theory . . . *First.* The expense of providing a Building having suitable apartments, Galleries, Dormitories, separate Sleeping Rooms, with Airing Courts, Pleasure Grounds, Gardens, and Walks: – and such ample remuneration of Attendants, as may ensure persons of character and respectability . . . *Secondly.* The prejudice which this plan (as has been the case with every improvement on its first introduction) has to encounter. *What! Let loose a Madman! Why he will tear us to pieces!* Look a moment at the facts. The following Table, conjoined with the fact, that no serious accident has occurred under this System, will I think, remove this idea from the mind of any impartial person . . . *Thirdly.* The unwillingness of attendants, nurses, &c., to undertake the increased trouble, which this system requires. Here I have found my greatest difficulty . . . It is stated truly in the Report of this year, that 'it is in the power of an unwilling officer to make any improvements fail in practice'. When a patient is under Restraint, it saves them the trouble of watching him: they can enjoy themselves at leisure, and play at cards, or otherwise amuse themselves as they please. Such was the case formerly, but cannot be tolerated under the new system.

Table C

Year	Total number of Patients in the House	Total number of Patients Restrained.	Total number of Instances of Restraint.	Total number of Hours passed under Restraint.
1829	72	39	1727	20,424
1830	92	54	2364	27,113¾
1831	70	40	1004	10,830
1832	81	55	1401	15,671½
1833	87	44	1109	12,003½
1834	109	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	334
1837	130	2	3	28
1838	148	0	0	0

[The figures for 1838 are not included in Gardiner Hill's Table C but are inserted from his text.]

JOHN GIDEON MILLINGEN (1782–1862)

MD Paris, resident physician to the County of Middlesex Pauper Lunatic Asylum, Hanwell, 1838–9; later part-owner of York House Asylum, Battersea

Aphorisms on the treatment and management of the insane; with considerations on public and private lunatic asylums, pointing out the errors in the present system, 1840 *London, Churchill* (pp. xiv+202+ii) pp. 26, 32, 37-8, 43-4, 51-2, 63-4, 71-3, 76, 82, 130, 149, 200-1

After a checkered career of medico-military service and literary pursuits Millingen served for a short period as physician to the Military Lunatic Asylum, Chatham before being appointed resident physician (physician-superintendent) to Hanwell in April 1838 in succession to Sir William C. Ellis. On this occasion John Conolly was the unsuccessful candidate by the chairman's casting vote, rejected supposedly because of his 'politics' which implies that his liberal reforming attitude extended beyond the maltreatment of lunatics to social injustices in general. However the following year Millingen had to resign on the discovery of 'great irregularities' in the conduct of the asylum (*49th Report of the visiting Justices*) when Conolly was appointed and there embarked on 1 June 1839 on his great reforms. Millingen later complained of having been 'subject to insult and persecution' and 'a series of the most ungentlemanly vexations on the part of the visiting justices' which he had however treated 'with the most sovereign contempt' (*Mind and matter, illustrated by considerations on hereditary insanity*, 1847; a second edition as *The passions; or mind and matter*, 1848). The next year he brought out his *Aphorisms*, the first book in which the subject of insanity was presented in this form which on Hippocratic precedent was not uncommon in general medicine.

In his 'Introduction' Millingen criticised most of the many works on mental diseases which had appeared on the grounds that they were either displays of 'their authors ingenuity in metaphysical disquisitions' or 'to *materialise* the *mind*', or 'merely prospectuses of private establishments' containing 'an *ad captandum* collection of cures'. In consequence he was moved to compile this epitome for 'junior members of the medical profession' from 'works of much a higher grade' by authors such as 'Haslam, Arnold, Prichard in this country, and Pinel, Esquirol, Hoffbauer, Heinroth on the continent . . . to which I have added the result of my own observations'. It consists of 503 aphorisms arranged in sections and the plan and description of an ideal asylum. Eighteen have been chosen either for interesting clinical observations or because they touch upon matters rarely found discussed in contemporary literature such as sodomy, mutual suicide and various prognostic criteria.

37. When a perversion of judgment arises from the influence of the passions, we may entertain the most sanguine expectations of success; not so, when the perverted state of mind becomes rooted, and assumes a monomaniac character. I had a patient under my care, who reasoned soundly upon any subject except when under the conviction that his wife, an old paralytic woman, had been faithless to him; when he vowed her destruction and that of her supposed paramour.

50. It is generally supposed that, in monomania, the patient only errs on one particular point. This is not always the case; and indeed, if carefully examined, it will be found that the prevalent idea is the result of more complex delusions. To detect and elicit this morbid catenation is not easy.

59. When the gloomy and religious monomaniacs will allow you to reason with them, however obstinate their erroneous ideas may be, we may hope to effect a cure; but it is difficult to relieve those who are morose and taciturn. In these cases we must guard against suicide.

60. When religious monomaniacs are addicted to sodomy – a very frequent complication – the case is incurable, more especially if they show much apparent devotion, and constantly talk on religious subjects. The case is still more hopeless, when they select idiots for the indulgence of their vices.

61. Masturbation has been considered a very frequent cause of insanity. I doubt it. That this vice is often attendant on the malady, is a well-established fact; that the moral and physical exhaustion that must arise from its indulgence aggravates the disease, is also certain; but I apprehend that it is frequently an effect rather than a cause.

66. The gloomy and dispirited monomaniac labouring under erroneous religious impressions, and constant apprehension of future punishment, will sometimes cease to complain and express his fears. Such an apparent calm is frequently the forerunner of suicidal attempts.

90. Peculiar actions, such as constantly drumming upon the table, stamping regularly on the floor, clapping hands, &c., may be considered signs of a rooted disorder and great mental alienation. When insanity has assumed a systematic character, it may be considered most difficult to cure.

92 The persuasion of mysterious voices of unseen persons and spirits speaking and threatening a patient, is an alarming symptom, but by no means denoting an incurable case.

127. A complication of epilepsy, with insanity, is a disease that rarely admits either of a cure or relief.

128. Many epileptic lunatics are furious before and after the fit, but tranquil and rational during their intervals. The form of the complicated affection of the mind varies; but the great majority of the cases are of dementia. Out of 339 epileptic, under Esquirol, 12 were affected with monomania, 30 with mania; 145 laboured under dementia; 8 were idiotic,

50 were in general rational, but with defective memory and exalted ideas; 60 betrayed no mental derangement, but were very susceptible, irascible, stubborn, and capricious; 34 were violent, but in three of this number their fury was only manifested after the paroxysm.

167. The furious paroxysm of maniacs, although alarming, is of no great importance when it is followed by a calm state, and does not break their night-rest. It is essential to ascertain whether these violent outbreaks are symptoms of the malady, or arise from the excitement of external irritation. The physical treatment which might relieve the brainular excitement would only increase the violence, if the excitement is occasioned by a supposed or actual ill usage or harsh management.

169. Fury is to be considered an accidental symptom, and is not a pathognomonic characteristic of any particular form of madness. It is observed in mania, in dementia, and occasionally even in idiocy, when the patient is disappointed or deprived of a favourite bauble.

174. Castration has been known to cure a lunatic; but these instances of strange recoveries cannot be considered as leading to any general practical conclusion, and can only be viewed as cases of powerful revulsion.

183. Constant biting of the nails, attempts to scratch and tear the skin, a sudden halt in walking, stopping and apparently listening to some sounds, &c., are most unfavourable symptoms.

204. Much analogy is observed in cases of suicidal insanity, and not uncommonly homicide of a most appalling nature will precede the act of self-destruction. What is still more singular, mutual suicide is not uncommon, when two persons have argued themselves into a contempt of life, and either destroyed each other, or put an end to their existence in the presence of their companion. Richard Smith was a man of property, but becoming poor from a series of losses and disappointments, and having a wife and child whom he was unable to support, persuaded his wife to terminate their misery by suicide. They first cut the throat of their infant, and then hanged themselves to the bed-post, leaving the following document. 'We believe that God will forgive us – we quitted this life because we were miserable, and deprived of the means of living, and we have destroyed our only child from the apprehension of his living to become as wretched as ourselves'. Strange to say, these desperate people, who murdered their child, recommended their dog and cat to the protection of a kind friend!

337. The plunge bath is a dangerous method of treatment, and should be used with great circumspection, if not altogether abandoned. It is possible that a sudden terror may have been attended with benefit, but it is too dangerous an experiment to be tried. Esquirol, when mentioning the bath of surprise, says, 'When I hear it prescribed, I should as soon wished to have heard directions given to throw a patient out of a third floor window, because some lunatics have been known to recover after a fall upon the head'.

392. In discharging a patient, it will be necessary to decide whether the state of the mind is such as to warrant his liberation, with as much careful discrimination as when we first certified that he was unfit to remain at large. Many patients are fit to be discharged, whose mind still continues unsound on many points.

500. In the selection of a site for lunatic asylums, care must be taken that it is at a convenient distance from cities and towns, and in as picturesque a situation as can be procured. The mind of the insane should rest, if possible, upon the calm beauties of the creation, and not be recalled to its deformities by the constant din of the busy haunts of man. The excitement produced amongst the inmates of the Hanwell County Asylum when the Great Western Railroad was first opened, and they beheld the constant trains passing by, and heard the monitory whistle, which resembles the howling of a wild beast, is incredible. The effect produced by a knowledge of passing events will also frequently occasion much irritation. On the coronation of her present Majesty, I allowed an issue of roast beef and plum pudding, and the excitement was such, that I was unable to leave the establishment for three days. Several of my poor patients fancied themselves in love with the Queen.

THOMAS OCTAVIUS PRICHARD (1808–1847)

LRCP, first medical superintendent, Northampton General Lunatic Asylum (St Andrew's Hospital) 1838–45; owner of Abington Abbey Asylum 1845–7

The medical superintendent's . . . report, August 1, 1839, to July 31, 1840. In: *The second annual report of the Northampton General Lunatic Asylum,* 1840 *Wellingborough, Westbrook* (pp. 26) pp. 16-20, 24-6

'The first person who adopted the [non-restraint] system in its full extent was the late Dr T. O. Prichard, of the Northampton Asylum' wrote Robert Gardiner Hill in *A concise history of the entire abolition of mechanical restraint in the treatment of the insane,* 1857, 'I had the pleasure of his acquaintance, and had many opportunities of observing the satisfactory way in which he and Mrs Prichard conducted the institution'. Prichard in turn in his long *Fourth . . . report,* 1842 acknowledged that he 'was indebted to the annual reports of the Lincoln Asylum, kindly forwarded by Dr. Charlesworth, for the suggestion, that mechanical agency might be absolutely discarded' and for practical details 'of Mr. R. G. Hill's system'. Nevertheless at Northampton 'the experiment was unpremeditated; it did not arise from any preconception that physical restraint could be *totally* dispensed with . . . but it was self-evident, that an accurate estimate of the character and disposition of our patients, must precede any successful attempt to prescribe their moral management, and it was equally obvious, that this end never could be attained, so long as they were subject to the influence of those extraneous sources of irritation, which we confidently believed had contributed the most exaggerated and repulsive features of their distressing malady. The instant liberation, therefore, of every individual brought to the Asylum in a state of coercion, was the natural consequence of these opinions, and the results of the trial were in the highest degree satisfactory'. Although this was a momentous observation it was by no means exceptional in the history of the insane to discover that the removal of 'extraneous forms of irritation' by itself led to improvement. In the eighteenth century it was observed by Battie (1758) that over-treatment such as 'the repetition of vomits and other convulsive stimuli' had 'strained . . . many a Lunatic . . . into downright Idiotism' who 'when given over as incurable recovered his understanding'. In the nineteenth century it was mechanical restraint which gave the malady its 'most exaggerated and repulsive features', a fact Prichard was well placed to confirm because many of the patients admitted into the Northampton Asylum (opened in August 1838 as a public subscription asylum with accommodation for fifty-two paupers or 'patients of the Fifth class, or lowest rate of board, and 30 Private patients of the superior classes') had previously been kept in strict coercion 'at home, in workhouses, or farmed out'. As he rightly pointed out the notion that 'insanity has undergone a change'

with 'a marked diminution of its most formidable modification, furious mania' was nothing but a reflection of changed treatment and particularly non-restraint. This brings out well a feature peculiar to mental illness which makes the history of psychiatry up to this time largely the history of the insane, namely that society's idea and even the medical concept of insanity was coloured by extrinsic factors aggravating or mollifying the intrinsic symptoms of the illness [see FIGS. 116 and 140].

Unfortunately parishes continued then and for many years to come to send their insane paupers in the first instance to the local workhouse for reasons '*purely economical*' and to transfer them only when 'incurable and so dirty in their habits as to become an insupportable nuisance; in which case, not earlier, they are considered "*dangerous*", and therefore certified as "*fit and proper objects for a Lunatic Asylum*" ' – thus depriving the originally 'harmless insane pauper of the advantage of medical treatment in an asylum until it becomes too late'. Intent to overcome the parsimony of parish officers and separate once and for all the mentally ill from the merely idle, dissolute and vagrant, Prichard like many of his contemporaries stressed that insanity was not the same as moral depravity but akin to physical illness due to disease of the brain and amenable to medical treatment. 'Insanity always originates in a corporeal cause' he quoted from Burrows (1828), and it is only when 'this opinion is generally received and acted upon by mankind, we may hope to witness an anxiety to adopt remedial measures in the earlier stages of the disease, more in accordance with its necessities than is at present exhibited. Then, and not till then will Lunatic Asyla become "instruments of cure", *to the many*; – "Houses of Detention", *to the few*'. One must remember that the old belief – and it was never more than this – that insanity was a corporeal disease had at this time focused on the brain. However the nineteenth century slogan 'mind disease is brain disease' derived much of its impetus and conviction from the social factors discussed above and from efforts to bring insanity into the framework of medicine and 'mad-doctors' into the fold of physicians, rather than from any substantial advance in medical or scientific knowledge of the physiology and pathology of the nervous system on which such a sweeping statement could be based.

VIOLENT TREATMENT – VIOLENT PATIENTS

To understand the repugnance generally entertained towards Asyla, and trace the origin of some of the prejudices respecting the disease itself, we have but to bear in mind the intimate association which has for ages existed between depravity, shame, and punishment; review the intense and unremitting severity, with which the lunatic has been treated; –imprisoned, chained, scourged, and almost starved, divested of every hope of redress or sympathy, though sustaining an amount of wretchedness far exceeding that ever imposed on the most sanguinary ruffian, and then need we longer wonder, that the state which entailed it, should have been considered either *criminal* or *ignominious*? . . . But this mismanagement has itself become a prolific source of erroneous views; tending not only to its own perpetuation, but operating also as an *active moral cause* in the

promotion of insanity. For it is by no means improbable that to a popular knowledge of these abuses may be attributed that despondence of recovery, and apprehension of impending degradation and cruelty, which not unfrequently inflict that last and fatal blow on the reeling intellect . . .

An efficient source of further improvement, are alike to be found in the constant inspection of 'insane establishments' by the *intelligent visitor*. The public have, through this means, become somewhat conversant with their details, and familiarized with the forms of an infliction from which they once recoiled with terror or disgust . . . This increase of public intelligence has re-acted most favourably; and institutions once esteemed mere lunatic prisons, have in proportion to their exposure to this salutary influence, assumed characteristics more suitable to their position as 'instruments of cure'.

The effects of this alteration have suggested the idea, that 'insanity has undergone a change, and that, whilst there is an increase in the number of cases of the disease, there is happily, a marked diminution of its most formidable modification, furious mania'. But the following observations, by . . . [Dr. Caleb Crowther] satisfactorily illustrate, that this change has been effected by the removal of extraneous sources of exaggeration, rather than a mitigation of the intrinsic attributes of the disease . . . 'it is very probable that the improved treatment, gentleness and judgment which dictate and pervade all ministrations amongst the insane, have mitigated the violent and vindictive passions which it was formerly the chief object to control'. This amelioration, therefore, affords no proof that the disease has undergone any modification; – the mildness and tractability of its forms under a humane and rational direction, simply indicate the superiority of the latter over antiquated management; for, modern mania, subject to 'the rigour of a different system', exhibits no traces of mitigation; but, rescued from its iron rule, whilst the slightest vestige of mental or physical vigour remains intact, the results establish alike, the true source of improvement, as of previous exacerbation . . .

At the opening of this Establishment, every patient was set at liberty immediately after admission; and his subsequent treatment regulated by the result. This course was adopted, not from an idea that restraints could be dispensed with, but, that so complete a severance from old associations afforded fitting opportunity for the creation of new impressions, favourable to general improvement. The experiment was attended with some few outbreaks, evidently springing from the remembrance of past grievances, and a consequent distrust of unaccustomed professions; but these soon subsided, placing the advantage obtained in so conspicuous a position, that the *attendants* became no less anxious than their superiors, to extend its operation. The quoted statements in the following cases, are by the resident officer of the institution from which the patients were removed: – J.S. 'Subject to epileptic fits, very violent and malicious, will fight, kick, and bite; not to be trusted with any safety to the attendants'. S.L. – 'In

every respect as bad as J.S., but *worse if possible*'. When these men were admitted, their legs were confined by heavy irons, which barely allowed one foot to be shuffled a few inches before its fellow; and their wrists by figure of 8 handcuffs. The son of the officer before mentioned refused to take these instruments away with him, upon learning that we were unprovided with substitutes; declaring that he should consider himself personally answerable for our lives, were the patients set at liberty. They were taken out of restraint at bed time, and have not been coerced for nearly two years . . .

The suicidal cases have been extremely numerous, and some of them reputed to be of a very determined character, but open dormitories and constant employment, with supervision, deprived of its offensive character by a participation in their various duties and amusements, have hitherto prevented the occurrence of any attempt at self destruction in this Institution . . . No one can deny that personal coercion must be a source of irritation, especially, as the necessity for its appliance so far from being understood will be entirely misconstrued and give rise to terror. In a majority of cases, patients evince the greatest alarm and apprehension of personal danger; the furious attacks they occasionally make on those around are most frequently due to these feelings. They rave of conspiracies and plots against their freedom or safety, the treachery of their friends, and the malignity of their imaginary enemies. Attempts at coercion give a reality to these notions, its actual use substantiates them . . . The homœopathic doctrine '*similia similibus curentur*' alone seems capable of explaining the rationale of a system of treatment, which prescribes *irritation* as a remedy for the consequences of irritation . . . The results of experience, and the authority of others, have alike produced the conviction, that every ascertained emergency in which restraint is resorted to, or in which it *effectually* subserves the end proposed, may be adequately encountered, by means more conducive to the patient's happiness and comfort, and equally so to the great object of all treatment; – his ultimate recovery.

NATHANIEL BINGHAM

RELIGIOUS DELUSIONS, 1841

OBSERVATIONS

ON THE

RELIGIOUS DELUSIONS

OF

INSANE PERSONS,

AND ON

THE PRACTICABILITY, SAFETY, AND EXPEDIENCY OF IMPARTING TO THEM

CHRISTIAN INSTRUCTION;

WITH WHICH ARE COMBINED

A COPIOUS PRACTICAL DESCRIPTION AND ILLUSTRATION

OF ALL THE PRINCIPAL VARIETIES OF

Mental Disease

AND OF ITS APPROPRIATE

MEDICAL AND MORAL TREATMENT.

BY NATHANIEL BINGHAM,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ASSOCIATE OF THE LINNEAN SOCIETY, &c.

LONDON:

J. HATCHARD AND SON, 187, PICCADILLY.

1841.

FIG. 172 Title-page of *Observations on the religious delusions of insane persons*, 1841 by Nathaniel Bingham (1781-1843), MRCS, practitioner of Fulham, London.

Bingham had some official connection with a private asylum, perhaps as visiting physician, and made a point of going round public institutions and talking with those who had specialist experience, for instance 'Dr. Haslam suggested to me . . .', 'Going round St. Luke's Hospital, I paid particular attention . . .', '. . . said Mr. Thomas, the experienced and skilful surgeon of Bethlehem', 'I have been informed by Dr. Yelloly, that in the asylum of Norwich . . .', 'I was

walking one fine summer's day towards the Middlesex Lunatic Asylum . . . with Sir Alexander Morison' and so on. His main theme was that religion was not a cause of insanity and what was more many insane could be expected to benefit from religious instruction properly administered – points also stressed in the posthumous *Essays on partial derangement of the mind in supposed connexion with religion*, 1843 (Dublin), by John Cheyne (1777-1836), MD Edin., FRCPI, FRSE, physician to the Meath Hospital and House of Industry, Dublin, and to the Army in Ireland, who in 1818 first described the phenomenon of periodic breathing now commonly called Cheyne-Stokes respiration.

Bingham's book contains a number of useful sketches of a variety of patients and their peculiarities. He described as 'mania without . . . [or] falling short of delirium', otherwise 'sensible insanity', the condition today designated hypomania [see Henry Johnson 1843]. In this condition, wrote Bingham 'the powers of intellect are increased by a general excitement . . . Such persons are talkative and shrewd; sometimes full of wit and pleasantry; at other times full of mischief; bold and irascible, but never incoherent'. He detailed an amusing case showing the punning or *clang* association often indulged in by such patients: 'A.B., a fine bold lady, well dressed and well known to the officers of a certain house, "a regular madwoman", as they called her, was brought thither by her friends. She was no sooner announced than every missile and instrument of attack was carefully removed out of her way. She opened the conference by a familiar address to the physician under whose care she had been before and was going to remain, by saying to him, "Well, Doctor M[orison], but I beg pardon; I forgot whom I was speaking to – it is to Sir A[lexander]. Well, Sir A———, since I had the pleasure of seeing you last, I have been benighted, and you have been knighted . . .'

ROBERT HULL (1795–1856)

MD Lambeth, MRCS, LRCP, physician, Norfolk and Norwich Hospital

Essays on determination of blood to the head, 1842 *London, Churchill* pp. 105-12, 118-20

'The object of this little work' wrote Hull, 'has been to exhibit, especially to the junior professionals, the costliness of the blood. It should never be spilt, without precogitation'. Blood had been drawn and spilt liberally by doctors for thousands of years in treating all sorts of conditions from fevers to madness. The rationale for it varied with whatever pathological theory was in vogue: according to the humoral doctrine noxious humors were evacuated, but when this theory was abandoned bleeding was continued for lunatics as a form of lowering or depleting treatment to 'bring them down' from their excited or exalted state. Yet another rationale was championed by Caleb Hillier Parry (1755–1822), MD Edin., LRCP, FRS, physician to Bath General Hospital, who was dissatisfied with 'the neurological systems extant' and instead propounded the notion that many if not most 'nervous' disorders were not primarily due to nervous pathology but secondary to vascular abnormalities especially 'excessive determination of blood to the brain'. In 1789 he had reported to the Medical Society of London 'On the Effects of Compression of the Arteries in various Diseases, and particularly in those of the Head; with Hints towards a new Mode of treating Nervous Disorders' in which he recommended treatment by carotid compression to check that 'irritation of the brain' due to 'the increased impetus of blood' which he believed was responsible for morbid nervous phenomena. In *Elements of pathology and therapeutics*, 1815 he claimed 'that the morbid sensibility of nervous patients, the nervous mania in hysteria and epilepsy . . . almost all cases of permanent insanity, and . . . paroxysms of occasional insanity' were caused by 'that increased impetus of blood in the brain, which accompanies inflammation' even if 'rarely, perhaps, carried to inflammation'.

This doctrine in turn was rejected by Marshall Hall (1790–1857), MD Edin., FRCP, FRS, physician and neurophysiologist who is credited with the discovery of spinal reflex action. In *Observations on blood-letting*, 1836 he not only attempted to define precise indications for it but with his understandable neurological bias credited the 'great part of its efficacy . . . not so much to the loss of blood' but to a direct action on the nervous system by 'the superinduction of . . . syncope' or 'deliquium' and hence recommended patients to be bled in the upright posture.

Hull passed in review all nervous diseases from 'Cephalaea syphilitica' to 'Delirium' which had formerly been ascribed to 'determination of blood to the head' and so led to 'the abuse of blood-letting' which he attacked. The time had come, he felt, to abandon such pathological notions in view of the new look the

nineteenth century had created in mental diseases. His chapter on 'Insanity' contains a summary of how great this change appeared to an interested contemporary physician. Reforms of asylums had taught that insanity was not incurable; that some cases were due to brain disease and many not; that moral and medical treatment were complementary; that madness by itself was no reason for confinement; that prejudice existed but was unfounded. The chief desideratum remaining in Hull's eyes was that 'lunacy' should be placed on the same footing as 'other medical studies'. In this way he looked forward to a new generation of 'more skilful, more devoted, more disinterested *antilyssics*', to whom the future advancement of the specialty could safely be entrusted.

PLEA FOR MORE SKILFUL 'ANTILYSSICS'

Ideas concerning the nature of madness have been too much founded on physical and vascular abnormities, even by medical men. A wide-spread opinion, or rather feeling, exists that the disorder is more bodily than metaphysic. That, at all events, if curable at all, it is most accessible on the side of the ignobler half of man. That the lancet, the medicament, the bath, promise a fairer chance than appeals to the reason of the demented sufferer . . . The insane have been regarded as persons extra-human; not only beside themselves, but outside the pale of our common humanity and our common socialities. The various degrees of insanity have been regarded – if the word regarded be correct – under one view of madness; and the management, restrictive, and the treatment, medicinal, have been as indiscriminate as the adopted theory. The laity and the medical profession have been mystified in their behaviour towards lunatics, because they are mystified, and must ever be, about the philosophy of the disorder . . . They have preconceived notions of ferocity, and malignity, and incurableness about the insane: and they have been cruel or contemptuous or indifferent towards these unhappy sufferers, in exact proportion. Yet no era has been without sufficient illustrations that men may be mad without ferocity; innocent, and perfectly restorable. Facts are too numerous, and too concentrated, now, to suffer their impressions to be resisted any longer. Facts, collected from the Retreat at York: or the asylum of Middlesex, would alone suffice for any thinking person . . . If we assume these assertions as postulates, how different will our proceedings be from the olden, how mitigate the miseries of the insane, how increased the cures!

A great prejudice against the mad has been engendered by the attribution of moral causes to their disorders. We see the sensualist, the selfish, the libidinous deprived of reason, through their excesses, and we are too apt to drop the Samaritan in their cases; and to extend our indignation unto all. Yet the moral nature of the cause should no more paralyse our efforts at a cure of disordered mind, than of a diseased body . . . No man ought to be imprisoned in an asylum, whose madness is neutral; who will not, if enlarged, peril the life or property of others, or his own existence.

No extravagant fantasies, that they are 'kings, princes, prophets . . .' can justify abstractedly their seclusion . . . And what if they do? Freedom of thought is a birthright. It is only when their absurdities *endanger*, that they should be impounded for their indulgence . . .

Case. Sempronius is a very decided maniac . . . His madness is religious . . . He believes that he has a divine commission from 'the Lord'. It is not, therefore, very surprising that an excellent clergyman, who happens to be a believer in an imminent millenium, should have communicated to this worthy maniac a portion of his own earnestness; that one Sunday the enthusiast appeared at church with a drawn sword – that he should be apprehended, and placed in an asylum. To the patient, however, it *is* very surprising that, having the best intentions, he should thus cruelly be maltreated. Since he merely wore his sword, as in readiness to accompany to Jerusalem that division of the saints, of which the pious pastor was, as he thought, the chaplain.

Now it is evident that *Sempronius*, however sincere, pious and devoted, must be placed in durance; *because* otherwise his zeal might animate him to the use of his weapon, long before he reached the Holy Land; and because, if patient until then, he must not be suffered, interim, to alarm the inhabitants of Britain . . . Of such a patient, wild as are his eyes, energetic his ideas, no physical depletion could effect a benefit. There is no 'determination to the head', in the vascular sense . . . Hopeless or not, the treatment must be moral . . .

I will not lose this opportunity of earnestly commending, for perusal, *Dr. Conolly's Treatise on Insanity*. It is the work, evidently, of a philosopher, whose heart overflows with benevolence . . . The position of this philanthropic physician at the asylum for Middlesex has proved the curability of lunacy; the happiness that a tender-hearted governor may create around him; the duty, in all other counties, of magistrates' taking Hanwell, so far as possible, for a model . . . Thus this most interesting class of mankind, the irrational rationals, would in future be provided with more scientific physicians; more curative *keepers*: even in private houses. For we know that, as affairs now go on, the management of lunacy is a commercial speculation. Men, devoid of every requisite for this peculiar undertaking – without psychological tastes, without philanthropy, without erudition; the knowledge of what has been done, or attempted, for lunacy in every age – these men set up their private mad-houses, as investments of capital, or capital methods to get money for investment. But if the study of lunacy should be facilitated, like other medical studies, these superficial speculators in madness would be superseded by more skilful, more devoted, more disinterested *antilyssics*. Then, too, we should see a race of practisers for madness, more metaphysical; less credulous in '*determination*'; more curative.

JAMES BRAID (1795–1860)

MRCS Edin., surgeon of Manchester

Neurypnology; or, the rationale of nervous sleep, considered in relation with animal magnetism. Illustrated by numerous cases of its successful application in the relief and cure of disease, 1843 *London, Churchill* (pp. xxii+265) pp. 12-3, 15-6, 19-21, 52, 69

When in November 1841 Braid attended a series of popular demonstrations on mesmerism in Manchester to witness this 'system of collusion and delusion' he little anticipated that it would not only change his life but determine the development of psychology and to some extent psychiatry. A practitioner with an interest in surgery and a record of successful operations on clubfoot and squint, he emerged as a result of numerous experiments which he himself afterwards performed the discoverer of apparently new laws of the nervous system and mental life which became known as 'Braidism', and soon were accepted throughout the world as Hypnotism and Hypnosis the names he proposed in this book. 'It is a law in the animal economy, that by a continued fixation of the mental and visual eye . . . with absolute repose of body, and general quietude . . . a state of somnolency is induced accompanied with that condition of the brain and nervous system generally, which renders the patient liable to be affected . . . so as to exhibit the hypnotic phenomena'. He established that subjects in hypnotic sleep far from being insensitive were abnormally susceptible to impressions on their senses – the very fact which gave hypnosis its therapeutic potentialities – and that their peculiar behaviour was due to suggestions made verbally or otherwise, intentionally or unintentionally, by operator or spectators. He wished to demonstrate that these were natural phenomena and was at pains to remove from them the stigma of quackery, mysticism and spiritualism which attached to mesmerism (even unfortunately in such able hands as John Elliotson's in London): 'I have now entirely separated Hypnotism from Animal Magnetism' he wrote, 'I consider it to be merely a simple, speedy and certain method of throwing the nervous system into a new condition, which may be rendered eminently available in the cure of certain disorders. I trust, therefore, it may be investigated quite independently of any bias, either for or against the subject as connected with mesmerism', as indeed happened. Braid himself continued his experiments for the rest of his life and in 1853 published *Hypnotic therapeutics, illustrated by cases* (reprinted from *The Monthly Journal of Medical Science*) in which he detailed the clinical uses he had found for hypnotism in his practice: 'The most striking cases . . . for illustrating the value of the hypnotic mode of treatment, are cases of hysteric paralysis . . . In such cases, by . . . substituting a salutary idea of vigour . . . the patients are found to have acquired . . . voluntary power over their hitherto paralysed limbs, as if by a

magical spell or witchcraft'. He explained this as 'the influence of an expectant dominant idea, *either exciting or depressing natural function, according to the faith and confidence of the patient*'.

NEURYPNOLOGY;

OR, THE

RATIONALE OF NERVOUS SLEEP,

CONSIDERED IN RELATION WITH

ANIMAL MAGNETISM.

ILLUSTRATED BY

NUMEROUS CASES OF ITS SUCCESSFUL APPLICATION
IN THE RELIEF AND CURE OF DISEASE.

BY

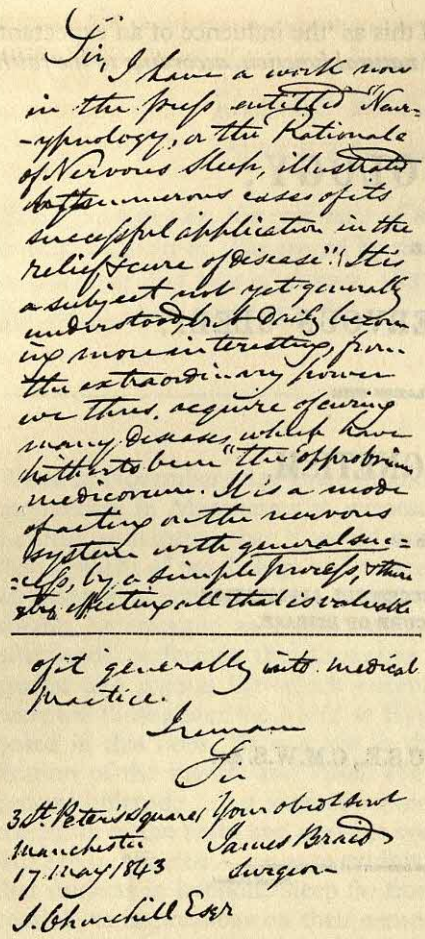
JAMES BRAID, M.R.C.S.E., C.M.W.S. &c.

"UNLIMITED SCEPTICISM IS EQUALLY THE CHILD OF IMBECILITY AS IMPLICIT CREDULITY."
Dugald Stewart.

LONDON:
JOHN CHURCHILL, PRINCE'S STREET, SOHO.
ADAM & CHARLES BLACK, EDINBURGH.
1843.

FIG. 173 Title-page of James Braid's *Neurypnology*, 1843.

Hypnotic phenomena soon became the object of intensive study along three main lines. First and foremost its clinical and therapeutic applications were developed in France by what became known as the Nancy School, A. A. Liébault and H. Bernheim who stressed the part played by psychological factors especially that expectation was responsible for the induction of hypnosis, increased suggestibility the most important feature of the hypnotic state, and that the operator worked by means of mental influences through verbal suggestion. (Bernheim's book *De la suggestion*, 1884 and 1887 was translated into German



Sir, I have a work now in the press entitled 'Neurypnology, or the Rationale of Nervous Sleep, illustrated by numerous cases of its successful application in the relief & cure of disease'. It is a subject not yet generally understood but one becoming more interesting, from the extraordinary powers we thus acquire of curing many diseases which have hitherto been "the opprobria medicorum". It is a mode of acting on the nervous system with general advantage, by a simple process, & the effects of all that is valuable of it generally into medical practice.

I remain
Sir
Your obedt servt
James Braid
Surgeon

3 St Peter's Square
Manchester
17 May 1843

J. Churchill Esqr

FIG. 174 First and last page of a letter from James Braid, 'Surgeon', to John Churchill, head of the publishing house in London informing him that he had 'a work now in the press entitled Neurypnology' printed at his own expense, 'a five shilling volume', and offering Churchill 'the sale of it as my London publisher', May 1843.

by Freud in 1888 and his introduction to it was his first publication on psychology.) To this was opposed the German School of physiological psychology which held that fixation of the eyes or other forms of continued and monotonous sensory stimulation induced an altered state of the nervous system, resulting in temporary abolition of higher cerebral functions and the reduction of the subject to a state of unconscious automatism. The third was the pathological school of J. M. Charcot who maintained that hypnosis was essentially a symptom of the morbid degenerative condition of the nervous system which he believed was the cause of hysteria and 'hystero-epilepsy'. Perhaps the most fruitful of the many theories put forward to account for the mental mechanisms involved in hypnotism was Pierre Janet's concept of 'mental dissociation'. Freud himself after visiting Charcot started to use hypnosis for treating 'hysteria', but soon stopped making positive suggestions or giving commands and used the hypnotic trance instead to recover forgotten memories. Gradually he discarded the hypnotic technique altogether with the single exception of keeping the patient on the couch, abandoned all direct influence on him and instead directed him to follow and relate the flow of ideas as they passed seemingly unconnected through his mind. The active hynotist became the passive analyst and free association the means of tracing the connections between conscious and unconscious mind. Thus psychoanalysis as Freud himself often stressed was the heir to hypnosis as hypnotism was to mesmerism.

Looking back on the history of hypnotism it is clear that it never managed to free itself entirely from being linked with the mysterious and the supernatural perhaps because despite Braid's efforts it was not possible to obliterate this aspect of animal magnetism from which it derived. There was the further complication that hypnotism was taken up by spiritualism which sprang into prominence in the middle of the nineteenth century. Above all, its immediate

and most striking clinical application, the induction of anaesthesia for surgical operations, was quickly usurped by ether and chloroform which were introduced soon after. Hence the fate of hypnosis as a therapeutic tool was in a remarkable way subject to waves of fashion and popularity – an indication as much of objections raised against it as of its shortcomings and misuses. Its sporadic revivals reflect also the insufficiency of psychiatric therapies in general and more especially that of the psychotherapies.

NEURYPNOLOGY: HYPNOSIS

Neurypnology is derived from the Greek . . . and means the *rationale*, or *doctrine* of *nervous* sleep, which I define to be, 'a peculiar condition of the nervous system, into which it can be thrown by artificial contrivance:' or thus, 'a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye, on one object, not of an exciting nature.'

By the term 'Neuro-Hypnotism,' then, is to be understood, 'nervous sleep;' and, for the sake of brevity, suppressing the prefix 'Neuro,' by the terms –

HYPNOTIC,	Will be understood	The state or condition of *nervous* sleep.
HYPNOTIZE,		To induce *nervous* sleep.
HYPNOTIZED,		One who has been put into the state of *nervous* sleep.
HYPNOTISM,		*Nervous* sleep.
DEHYPNOTIZE,		To restore from the state or condition of *nervous* sleep.
DEHYPNOTIZED,		Restored from the state or condition of *nervous* sleep.
and HYPNOTIST,		One who practises Neuro-Hypnotism.

By the impression which hypnotism induces on the nervous system, we acquire a power of rapidly curing many functional disorders, most intractable, or altogether incurable, by ordinary remedies, and also many of those distressing affections which, as in most cases they evince no pathological change of structure, have been presumed to depend on some peculiar condition of the nervous system, and have therefore, by universal consent, been denominated '*nervous complaints*;' and as I felt satisfied it was not dependent on any special agency or emanation, passing from the body of the operator to that of the patient, as the animal magnetizers allege is the case by their process, I considered it desirable, for the sake of preventing misconception, to adopt new terms, as explained in the introduction.

I was led to discover the mode I now adopt with so much success for inducing this artificial condition of the nervous system, by a course of experiments instituted with the view to determine the cause of mesmeric

phenomena. From all I had read and heard of mesmerism, (such as, the phenomena being capable of being excited in so few, and these few individuals in a state of disease, or naturally of a delicate constitution, or peculiarly susceptible temperament, and from the phenomena, when induced, being said to be so exaggerated, or of such an extraordinary nature,) I was fully inclined to join with those who considered the whole to be a system of collusion or delusion, or of excited imagination, sympathy, or imitation.

The first exhibition of the kind I ever had an opportunity of attending, was one of M. Lafontaine's conversazioni, on the 13th November, 1841. That night I saw nothing to diminish, but rather to confirm, my previous prejudices. At the next conversazione, six nights afterwards, *one* fact, the inability of a patient to *open his eyelids*, arrested my attention. I considered that to be a *real phenomenon*, and was anxious to discover the physiological cause of it. Next night, I watched this case when again operated on, with intense interest, and before the termination of the experiment, felt assured I had discovered its cause, but considered it prudent not to announce my opinion publicly, until I had an opportunity of testing its accuracy, by experiments and observation in private . . .

I considered the experiments fully proved my theory; and expressed my entire conviction that the phenomena of mesmerism were to be accounted for on the principle of a derangement of the state of the cerebro-spinal centres, and of the circulatory, and respiratory, and muscular systems, induced, as I have explained, by a fixed stare, absolute repose of body, fixed attention, and suppressed respiration, concomitant with that fixity of attention. That the whole depended on the physical and psychical condition of the patient, arising from the causes referred to, and not at all on the volition, or passes of the operator, throwing out a magnetic fluid, or exciting into activity some mystical universal fluid or medium . . . For a considerable time I was of opinion that the phenomena induced by my mode of operating and that of the mesmerizers, were identical; and, so far as I have yet personally seen, I still consider the condition of the nervous system induced by both modes to be at least analogous . . .

I feel convinced hypnotism is not only a valuable, but also a perfectly safe remedy for many complaints, if judiciously used; still it ought not to be trifled with by ignorant persons for the mere sake of gratifying idle curiosity . . . In the second part of this treatise, where the cases are recorded, will be found many examples of the curative power of hypnotism . . . such as Tic Doloureux; Nervous headach; Spinal irritation; Neuralgia of the heart; Palpitation and intermittent action of the heart; Epilepsy; Rheumatism; Paralysis; Distortions and tonic spasm, &c.

DOROTHEA LYNDE DIX (1802–1887)

Philanthropist and social reformer

Memorial. To the legislature of Massachusetts [1843 *Boston, Munroe & Francis*] (pp. 32) pp. 3-4, 7-8

Psychiatry is the only branch of medicine in which the picture presented by the illness as well as the chances of recovery vary with the circumstances under which patients are kept: hence every measure which improved their lot amounted to a clinical advance. In the nineteenth century there was ample scope for philanthropic work of this kind not only for reforming and humanising existing asylums but for founding new ones for the large number of insane locked away in workhouses, poorhouses, prisons or in solitary confinement. In America in the 1840s there were only thirteen institutions for the mentally ill providing less than 2,500 beds (and none at all for mental defectives). This was the state of affairs when in March 1841 Miss Dix, a schoolmistress, took the Sunday School Service for the female convicts at East Cambridge Jail, Massachusetts. She was so appalled by the indiscriminate mixing of insane with criminals, healthy with sick, herded together in terrible conditions, that she from then on devoted herself to the cause of the insane. She sought out lunatics wherever they were kept all over Massachusetts and prepared the *Memorial* quoted here which was presented to the State Legislature in January 1843 by her friend Dr Samuel G. Howe. 'I come to present the strong claim of suffering humanity' she wrote, 'I come as the advocate of the helpless, forgotten, insane, idiotic, men and women . . . of beings wretched in prisons, and more wretched in our almhouses . . . If my pictures are displeasing, coarse, and severe, my subjects, it must be recollected, offer no tranquil, refined, or composing features. The condition of human beings, reduced to the extremest states of degradation, and misery, cannot be exhibited in softened language . . .' By 1880 when her life's work was done there were 123 institutions for the insane in America, 75 of them State hospitals of which 32 had been founded directly by her efforts.

In September 1854 Miss Dix came to England, spent some weeks with old Samuel Tuke at York and then visited Scotland. Daniel Hack Tuke (*Chapters in the history of the insane in the British Isles*, 1882) had 'from her own lips, on her return from her philanthropic expedition, the narration of what she saw of the cruel neglect of pauper lunatics in that country. She caused', he continued, 'so much sensation by her visits and her remonstrances, accompanied by the intimation that she should report what she had witnessed at head-quarters in London, that a certain official in Edinburgh decided to anticipate "the American Invader" as Dr. W. A. F. Browne called her. Miss Dix was, however, equal to the occasion . . . took the night mail to London, and appeared before the Home Secretary on the following day, when the gentleman from Edinburgh was still

on the road . . . The facts laid before the Home Office were so startling that . . . a Royal Commission was appointed, dated April 1855, "to inquire into the condition of lunatic asylums in Scotland, and the existing state of the law of that country in reference to lunatics and lunatic asylums" '. The Earl of Shaftesbury when introducing the Lunacy Acts of 1853 to the House of Commons had lamented that circumstances did not enable him 'to extend the bills to Ireland and Scotland, for I believe that not in any country in Europe, nor in any part of America, is there any place in which pauper lunatics are in such suffering and degraded state as those in Her Majesty's Kingdom of Scotland'. The result of Miss Dix's initiative was that two years later on 25 August 1857 there was passed *An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland* (20 & 21 Victoria, c. 71) which established the Board of Commissioners in Lunacy for Scotland (with W. A. F. Browne as its first Medical Commissioner) and made other 'most valuable' provisions in line with those already existing in England. The following year Sir John Charles Bucknill reprinted in *The Journal of Mental Science*, 1858, vol. 4, as an act of homage to her exertions on behalf of the insane in Scotland her own modestly given 'account of her labours, in the cause of the insane, in her own country' in her '*Memorial . . . praying a Grant of Land for the Relief and Support of the Indigent Curable and Incurable Insane in the United States*' presented to the Senate and House of Representatives of the American Congress 27 June 1848.

APPEAL ON BEHALF OF THE INSANE OF MASSACHUSETTS

GENTLEMEN,

. . . About two years since leisure afforded opportunity, and duty prompted me to visit several prisons and alms-houses in the vicinity of this metropolis. I found, near Boston, in the Jails and Asylums for the poor, a numerous class brought into unsuitable connexion with criminals and the general mass of Paupers. I refer to Idiots and Insane persons, dwelling in circumstances not only adverse to their own physical and moral improvement, but productive of extreme disadvantages to all other persons brought into association with them. I applied myself diligently to trace the causes of these evils, and sought to supply remedies. As one obstacle was surmounted, fresh difficulties appeared. Every new investigation has given depth to the conviction that it is only by decided, prompt, and vigorous legislation the evils to which I refer, and which I shall proceed more fully to illustrate, can be remedied. I shall be obliged to speak with great plainness, and to reveal many things revolting to the taste, and from which my woman's nature shrinks with peculiar sensitiveness. But truth is the highest consideration. *I tell what I have seen* – painful and shocking as the details often are . . .

I come to present the strong claims of suffering humanity. I come to place before the Legislature of Massachusetts the condition of the miserable, the desolate, the outcast. I come as the advocate of helpless, forgotten, insane and idiotic men and women . . .

I proceed, Gentlemen, briefly to call your attention to the *present* state of Insane Persons confined within this Commonwealth, in *cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods*, and lashed into obedience! . . .

Prisons are not constructed in view of being converted into County Hospitals, and Alms-Houses are not founded as receptacles for the Insane. And yet, in the face of justice and common sense, Wardens are by law compelled to receive, and the Masters of Alms-Houses not to refuse, Insane and Idiotic subjects in all stages of mental disease and privation . . .

As I state cold, severe *facts*, I feel obliged to refer to persons, and definitely to indicate localities . . .

Danvers. November; visited the almshouse; a large building, much out of repair; understand a new one is in contemplation. Here are from fifty-six to sixty inmates; one idiotic; three insane; one of the latter in close confinement at all times. Long before reaching the house, wild shouts, snatches of rude songs, imprecations, and obscene language, fell upon the ear, proceeding from the occupant of a low building, rather remote from the principal building to which my course was directed. Found the mistress, and was conducted to the place, which was called '*the home*' of the *forlorn* maniac, a young woman, exhibiting a condition of neglect and misery blotting out the faintest idea of comfort, and outraging every sentiment of decency. She had been, I learnt, 'a respectable person; industrious and worthy; disappointments and trials shook her mind, and finally laid prostrate reason and self-control; she became a maniac for life! She had been at Worcester Hospital for a considerable time, and had been returned as incurable.' The mistress told me she understood that, while there, she was 'comfortable and decent.' Alas! what a change was here exhibited! She had passed from one degree of violence and degradation to another, in swift progress; there she stood, clinging to, or beating upon, the bars of her caged apartment, the contracted size of which afforded space only for increasing accumulations of filth, a *foul* spectacle; there she stood with naked arms and dishevelled hair; the unwashed frame invested with fragments of unclean garments, the air so extremely offensive, though ventilation was afforded on all sides save one, that it was not possible to remain beyond a few moments without retreating for recovery to the outward air. Irritation of body, produced by utter filth and exposure, incited her to the horrid process of tearing off her skin by inches . . .

Some may say these things cannot be remedied; these furious maniacs are not to be raised from these base conditions. I *know* they are; could give *many* examples; let *one* suffice. A young woman, a pauper, in a distant town, Sandisfield, was for years a raging maniac. A cage, chains, and *the whip*, were the agents for controlling her, united with harsh tones and profane language. Annually, with others (the town's poor) she was put up at auction, and bid off at the lowest price which was declared for her. One year, not long past, an old man came forward in the number of applicants

for the poor wretch; he was taunted and ridiculed; 'what would he and his old wife do with such a mere beast?' 'My wife says yes,' replied he, 'and I shall take her.' She was given to his charge; he conveyed her home; she was washed, neatly dressed, and placed in a decent bed-room, furnished for comfort and opening into the kitchen. How altered her condition! As yet *the chains* were not off. The first week she was somewhat restless, at times violent, but the quiet kind ways of the old people wrought a change; she received her food decently; forsook acts of violence, and no longer uttered blasphemous or indecent language; after a week, the chain was lengthened, and she was received as a companion into the kitchen. Soon she engaged in trivial employments. 'After a fortnight,' said the old man, 'I knocked off the chains and made her a free woman.' She is at times excited, but not violently; they are careful of her diet; they keep her very clean; she calls them 'father' and 'mother'. Go there now and you will find her 'clothed', as though not perfectly in her 'right mind,' so far restored as to be a safe and comfortable inmate.

HENRY JOHNSON (?1805–1877)

MD Edin., LRCP Lond., physician to the Royal Salop Infirmary, Shrewsbury

On the arrangement and nomenclature of mental disorders, 1843 *London, Longman* et al. (pp. 33) pp. 7-11, 18-19, 22

In 1842 there was instituted 'The Society for Improving the Condition of the Insane' with the Earl of Shaftesbury as president and Sir Alexander Morison as treasurer. Its object was to further 'the subject of Insanity' by holding meetings at which papers were read and by 'annually offering Premiums [of twenty and thirty guineas] for Essays on some subjects relative to Mental Diseases' and similarly 'Premiums [of ten guineas] to those Attendants on the Insane who shall produce testimonials of meritorious service'. (*A selection of papers and prize essays on subjects connected with insanity* read before the Society was published in 1850.) One of its first prizes was offered for an essay 'On the arrangement and nomenclature of mental disorders' which was won and in consequence published by Johnson and is quoted here. He was a general physician who after his appointment to the Royal Salop Infirmary in 1835 was appointed medical visitor to accompany the county magistrates on their inspection to the Houses of Industry, Kingsland, Shrewsbury to which in 1833 had been added a provincial licensed house receiving private patients and paupers. He also became medical visitor to the Salop and Montgomeryshire Lunatic Asylum opened in 1845, as well as physician to the county gaol.

His 'Arrangement and Nomenclature of Mental Disorders' was no academic exercise but the direct outcome of the want he had experienced 'of an established system of this kind, in classifying the inmates of a County Asylum'. While there were many systems none was generally accepted and none applicable to all the cases he saw. He therefore attempted a practical classification of his own which required only a 'very few . . . new terms'; other than these he 'purposely and studiously avoided any unnecessary innovations of this or any other kind'. Impressed by the new pathological discoveries in the brain (especially those of Calmeil in cases of general paralysis of the insane) he believed that 'if the effects of inflammation be discovered in the brains of the Insane, surely Insanity, if not identical with, must be nearly allied to inflammation' and therefore classed 'mental disorders' as 'Inflammatory' – an early instance (perhaps the very first in the English literature) of GPI serving as the model on which a general pathology of 'insanity' was attempted [see Burrows 1828].

Although Johnson's ideas have no particular merit, in trying to make a better classification he introduced a term which curiously has survived albeit now applied to a different type of mental illness. This was 'Hypomania' which he proposed to substitute for Esquirol's 'Monomania' for reasons given in the

extract, to signify 'a slighter form or lower grade of Mania' equivalent to delusional states. Whereas the mania of old has today disappeared being replaced by schizophrenic states of excitement and the manic phase of manic-depressive psychosis, 'Hypomania' remains in use but applied to episodes of mental and physical hyperactivity short of mania, without thought disorder or loss of contact with the environment, which may alternate with depressive episodes or occur in isolation or periodically in its own right.

HYPOMANIA

Nosology, or the classification of diseases, seems always to have been a stumbling-block to medical philosophers. Of all the departments of medical science, this seems to hold out the least encouragement to the diligent inquirer, for, in no other, do we find, that great abilities and great industry have been so inadequately rewarded. After all the labour that has been bestowed in this field by a number of the most eminent physicians, how little has been done to stand the test of time and experience! What has become of the systems of Cullen, Sauvages, Linnæus, Vogel, Sagar, Swediaur, Macbride, and Darwin? These have been followed by other more recent arrangements, as those of Dr. Young, Dr. Mason Good, and Dr. Fletcher, &c.; but yet there is no one to which we can refer as generally received and adopted by the profession.

The classification of mental disorders, though a subject of less extent than that of general Nosology, of which it is a part, is likewise attended with very great difficulties. Witness the number and eminence of those who have especially devoted their abilities to this purpose. Pinel, Esquirol, Rush, Georget, Crichton, Gall, Spurzheim, Burrows, Heinroth, Guislain, Foville, and Prichard, have all treated of the arrangement of mental disorders; and yet, the very circumstances under which the present essay has been undertaken, prove, that it is still true, as it was in the days of M. Pinel, 'that a better system of methodical distribution upon this important subject is a desideratum' . . .

But, may not we of the present day, like the Lilliputians standing on the giant's shoulders, be able to see further than the giant himself? May not we hope to profit by the labours of those who have preceded us in the task? discover where and how they have failed, profit by their errors, and learn to make use of some of the valuable materials which they have accumulated? I think the time is far distant when we may hope for a really complete and natural arrangement of mental disorders, founded upon obvious and well-established principles. Indeed, it may be doubted, whether it will ever be possible to define accurately the limits between the different grades of mental disorder. Whatever arrangement, therefore, we may now adopt, must be considered rather as an approximation to the truth than as a complete and scientific classification.

It cannot be denied, that it is a matter of great difficulty to define, what

diseases are to be considered as *mental*, as distinguished from those which are *physical*; and, further, the different grades of *insanity* (which, whatever theory of the disease be embraced, is always termed a *mental* disorder) so run into each other, that it is in many instances difficult, if not impossible to say, to which class any proposed case belongs. Thus delirium has been confounded with insanity; and, indeed, the former may degenerate into the latter. The hypochondriac may become maniacal, or the maniac, fatuous; or, perhaps, some individual case may exhibit nearly all the different grades of mental disorder at different times. These, however, are the exceptions, not the rule. And there is still sufficient ground for distinguishing the different forms of mental disorder, and constructing an arrangement sufficiently exact for purposes of utility . . .

To make the arrangement which I propose the more clear and intelligible, I subjoin it in a tabular form:

Class – Mental Disorders

Order I *Congenital:* Amentia
Idiotism
Imbecility
Cretinism

Order II *Inflammatory:*
Phrenitis – *Acute*
Hypophrenitis – *Sub-acute*
Insania – *Chronic*
(*a*) Moral Insanity –
Pathomania
(*b*) Intellectual Insanity –
Mania
Hypomania
Dementia

Order III *Non inflammatory:*
Delirium
Hypochondriasis

Hypomania. The term Monomania invented by M. Esquirol, has been adopted by Dr. Prichard and others; to mean, partial insanity, or insanity on one subject, or series of subjects.

In most cases, of what has been called Monomania, the patient's delusion is not confined to one subject or series of subjects, but the insane character of mind is shewn in other instances, by his conduct and conversation. I have for some time held this opinion, and I am glad to find Dr. Copland agreeing with me. He says, 'Most authors have erred in viewing the more partial, or *slighter forms* of insanity, as consisting of derangement of one, or of a few, merely, of the intellectual or moral manifestations'. And again further on he says, 'Although a single faculty

or manifestation may be prominently disordered, or a single train of ideas be almost exclusively entertained, the other mental faculties are never in a healthy state, or very rarely retain their former energy' (Dictionary of Practical Medicine, Art. Insanity, c. 68, p. 444).

Instead of the term Monomania, or partial insanity, Dr. Copland suggests that it would be better to employ a name signifying a slighter grade or simpler form of aberration. I entirely coincide with Dr. Copland, in the observations he has made on this subject; and I therefore propose to discard the term *Monomania*, and substitute for it that of *Hypomania*, as signifying a slighter form or lower grade of Mania. In this, there is delusion, on one or more subjects, connected or unconnected. Sometimes, the delusion is very persistent, sometimes, it changes from day to day. The patient is however not violent, nor unmanageable. He has not the furious look of a maniac, but has more the appearance of a person in ordinary health . . .

Religious insanity, *Dæmonomania*, and the old *Melancholia*, are also forms of Hypomania, for which appropriate epithets or specific names might easily be contrived.

THE McNAUGHTON RULES

Trial of Daniel McNaughton, 1843 In: *Modern State trials. Revised . . . by William C. Townsend*, 1850 *London, Longman* et al. 2 vols. Vol. 1, pp. 322-5

In March 1843 Daniel McNaughton (whose name is found misspelt in sixteen variants), wood turner of Glasgow was tried at the Central Criminal Court, Old Bailey, for the assassination in January of that year of Edward Drummond, private secretary to Sir Robert Peel, Home Secretary, for whom the shots were intended. Medical and other evidence showed that he had been suffering from delusions of persecution believing 'that he was constantly beset by spies, and that he considered his life and property in danger', and immediately after the deed was heard to utter 'he . . . shall not break my peace of mind any longer'. He made a statement in which he said 'The Tories in my native city have compelled me to do this' because he had offended the party 'by interfering in politics . . . They follow and persecute me wherever I go . . . I cannot sleep at night in consequence of the course they pursue towards me. I believe they have driven me into a consumption . . . They accused me of crime of which I am not guilty . . . in fact, they wish to murder me'.

He was examined by nine physicians and surgeons among them Edward Thomas Monro of the fourth generation of Monro specialists in insanity [see p. 633], joint physician to Bethlem Hospital 1816-53 with Sir Alexander Morison; Alexander John Sutherland, physician to St Luke's Hospital 1841-60, a post in which he succeeded his father Alexander Robert Sutherland; John Bright (1783–1870), physician to Westminster Hospital and Metropolitan Commissioner in Lunacy; and Forbes Winslow. Their opinion may be summed up in the words of Monro who when asked whether 'the prisoner was labouring under a delusion ?' replied 'Most certainly. The act . . . coupled with the history of his past life, left not the remotest doubt . . . of the presence of insanity sufficient to deprive the prisoner of all self-control', and this despite the fact that he might 'be able to manage the usual affairs of life' and have retained 'a moral perception of right and wrong'. The other experts concurred in this opinion and stated that 'the deed of murder flowed immediately from the delusions'. The Crown called no expert witnesses since its two physicians had come to the same conclusion. The case was therefore stopped and the jury found McNaughton 'Not guilty, on the ground of insanity'.

This verdict had not been anticipated and the relative impunity with which McNaughton appeared to have escaped the consequences of his crime created alarm in the public mind and apprehension about the dangers to which the ordinary citizen was exposed from acts of madmen, and a feeling of some grave defect in the criminal law. This was heightened by the fact that as the trial was

not proceeded with, there had been no discussion of the points of law involved. A Member of Parliament went so far as to move for leave to bring in a bill to abolish altogether the plea of insanity in cases of murder – but found no seconder. However, the legal authorities themselves were uneasy about the uncertainties of the law especially in view of the different treatment of offenders (Bellingham who shot Spencer Perceval when he was Home Secretary in 1812 had committed this outrage in circumstances very similar to McNaughton's but the defence was not allowed time to produce evidence of his insanity and he was found guilty and hanged seven days after the deed was committed). In the House of Lords Lord Brougham announced his intention to clarify the law relating to crimes committed by persons alleged to be labouring under partial insanity and complained that the legal definition 'knowing right from wrong, knowing he sinned against the law of God and nature, knowing the act to be forbidden by the law of his country, was vague and indefinite . . . The true test was this, – was he capable of distinguishing right from wrong? that is right according to the law; wrong, an act condemned and punishable by the law. If the perpetrator of the crime knew what he was doing, if he had taken his precautions to accomplish his purpose, if he knew at the time of committing the desperate act that it was forbidden by the law, that was his test of insanity; he cared not what judge have another symbol, he should go to his grave in the belief that it was the only real, sound and consistent test'. Lord Cottenham cautioned that they could not listen to any doctrine which proposed to punish persons labouring under insane delusions – 'Was the mind diseased sensible of the disease under which it laboured? He believed not; if it were there could be no complete delusion'. Lord Denman declared that the matter should be made the subject of a most careful consideration. Lord Lyndhurst found that the theory of delusion, directed to one or more persons and confined to one or two points merely, whilst the unhappy patient might on all other topics and with reference to all other members of the community, be very intelligent and acute, was yet too imperfectly understood to pass fresh legislation – and this is still largely true one hundred and twenty years later.

In face of these uncertainties and differences among the Law Lords it was agreed to obtain the opinion of a panel of Her Majesty's judges upon these obscure issues and the Lord Chancellor submitted five questions to them for their clarification and decision. Their answers constitute what is known all over the English speaking world as 'the McNaughton Rules' which govern criminal law with respect to insanity to this day.

THE KNOWLEDGE OF RIGHT AND WRONG

1st. What is the law respecting alleged crimes committed by persons afflicted with insane delusion, in respect of one or more particular subjects or persons; as, for instance, where, at the time of the commission of the alleged crime, the accused knew he was acting contrary to law, but did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit?

2nd. What are the proper questions to be submitted to the jury, when a

person, alleged to be afflicted with insane delusion respecting one or more particular subjects or persons, is charged with the commission of a crime (murder, for example), and insanity is set up as a defence?

3rd. In what terms ought the question to be left to the jury as to the prisoner's state of mind at the time when the act was committed?

4th. If a person, under an insane delusion as to the existing facts, commits an offence in consequence thereof, is he thereby excused?

5th. Can a medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law, or whether he was labouring under any and what delusion at the time?'

To these questions the judges . . . answered as follows: –

To the first question: – 'Assuming that your lordship's inquiries are confined to those persons who labour under such partial delusions only, and are not in other respects insane, we are of opinion that, notwithstanding the party did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit, he is nevertheless punishable, according to the nature of the crime committed, if he knew, at the time of committing such crime, that he was acting contrary to law, by which expression we understand your lordship to mean the law of the land'.

To the second and third questions: – 'That the jury ought to be told in all cases that every man is presumed to be sane, and to possess a sufficient degree of reason to be responsible for his crimes, until the contrary be proved to their satisfaction; and that to establish a defence on the ground of insanity, it must be clearly proved that, at the time of committing of the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong. The mode of putting the latter part of the question to the jury on these occasions has generally been, whether the accused, at the time of doing the act, knew the difference between right and wrong; which mode, though rarely if ever leading to any mistake with the jury, is not, as we conceive, so accurate when put generally and in the abstract, as when put to the party's knowledge of right and wrong in respect to the very act with which he is charged. If the question were to be put as to the knowledge of the accused solely and exclusively with reference to the law of the land, it might tend to confound the jury, by inducing them to believe that an actual knowledge of the law of the land was essential in order to lead to a conviction, whereas the law is administered upon the principle that every one must be taken conclusively to know it, without proof that he does know it. If the accused was conscious that the act was one which he ought not to

do, and if that act was at the same time contrary to the law of the land, he is punishable, and the usual course, therefore, has been to leave the question to the jury, whether the party accused had a sufficient degree of reason to know that he was doing an act that was wrong; and this course we think is correct, accompanied with such observations and explanations as the circumstances of each particular case may require.'

To the fourth question: – 'The answer must of course depend on the nature of the delusion; but making the same assumption as we did before, that he labours under such partial delusion only, and is not in other respects insane, we think he must be considered in the same situation as to responsibility, as if the facts, with respect to which the delusion exists, were real. For example, if, under the influence of his delusion, he supposes another man to be in the act of attempting to take away his life, and he kills that man, as he supposes, in self-defence, he would be exempt from punishment. If his delusion was that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge for such supposed injury, he would be liable to punishment.'

And to the last question: – 'We think the medical man, under the circumstances supposed, cannot in strictness be asked his opinion in the terms above stated, because each of those questions involves the determination of the truth of the facts deposed to, which it is for the jury to decide; and the questions are not mere questions upon a matter of science, in which case such evidence is admissible. But, where the facts are admitted or not disputed, and the question becomes substantially one of science only, it may be convenient to allow the question to be put in that general form, though the same cannot be insisted on as a matter of right.'

ANTHONY ASHLEY COOPER

7th Earl of Shaftesbury, KG (1801–1885)

REPORT OF THE METROPOLITAN COMMISSIONERS IN LUNACY, TO THE LORD CHANCELLOR. PRESENTED TO BOTH HOUSES OF PARLIAMENT BY COMMAND OF HER MAJESTY, 1844 (pp. [iv] + 291) pp. 23-4, 36-8, 84-5, 88-9, 91-2, 97-9, 145-6

'July 2nd [1844] Finished, at last, Report of the Commissioners in Lunacy . . . God prosper it! It contains much for the alleviation of physical and moral suffering' reads an entry in the diary of Lord Ashley whose first contact with the plight of the insane had come in 1827 when he was a member of the Select Committee appointed to consider the state of 'Pauper Lunatics in the County of Middlesex, and on Lunatic Asylums'. Under the Act of 1828 he was appointed one of the fifteen newly created Metropolitan Commissioners who replaced the five Commissioners of the College of Physicians operating under the Act of 1774; and when in 1845 the Metropolitan Commissioners in turn were superseded by the Commissioners in Lunacy, a central inspectorate for all institutions housing the insane in England and Wales (excepting only Bethlem Hospital) he became their first chairman, an office he held until the end of his life. Thus Shaftesbury was directly concerned with improvements in the conditions of the insane for almost sixty years during the crucial period when legislation laid the basis for the modern era in psychiatry. Among the many public-spirited men who worked for reforms in and out of Parliament at that time his was by far the most active, consistent and influential contribution.

The Act of 1828 (9 Geo. IV, c. 41) empowered the Commissioners to visit private asylums in the metropolitan area four times a year – at night if indicated – and to meet quarterly to grant licences which they could revoke or refuse. Unlike the College of Physicians Commissioners to whom the job had become irksome, they pursued their task with zeal and as their unpublished reports to the Secretary of State (preserved in the *Public Records Office*) show, effected many long overdue improvements. So successful was their vigilance and devotion that in 1842 it was moved in the House that they be empowered to inspect all asylums public and private throughout the country. In consequence the Act of 1843 (5 & 6 Vict., c. 87) was passed which increased the number of Metropolitan Commissioners to twenty under the Lord Chancellor and directed them, in addition to the London licensed houses, 'twice a year, to visit and report on the Licensed Asylums in the provinces and once a year . . . the County and other Asylums under the Act of 9 Geo. IV, c. 40' as well as 'all other public Asylums for the reception of insane persons in England and Wales'. This was the 'visitation upon visitation' which Nicoll had envisaged in 1828.

From the information so collected Shaftesbury composed the *Report to*

PER CENTAGES OF CURES AND DEATHS IN COUNTY AND PRINCIPAL OTHER PUBLIC ASYLUMS.

ASYLUM.	Date of opening.	PROPORTIONS PER CENT.					
		On average number resident in Asylum during last 5 years.		On total number of cases discharged (including deaths).			
				Since opening.		During last 5 years.	
		Annual Cures.	Annual Deaths.	Cures.	Deaths.	Cures.	Deaths.
COUNTY ASYLUMS.							
Bedford	Aug. 1812	15·9	10·5	39·7	23·3	44·3	29·3
Chester	Aug. 1829	30·1	11·8	59·0	30·0	63·2	24·7
Cornwall*	Aug. 1820	13·4	7·9	—	23·8	47·6	28·2
Dorset	Aug. 1, 1832	15·6	12·2	58·5	36·1	52·9	41·4
Gloucester	July 24, 1823	31·7	10·7	65·5	13·7	61·7	20·8
Kent	Jan. 1, 1833	7·5	10·7	38·3	47·3	35·0	50·0
Lancaster	July 28, 1816	16·6	13·2	48·2	46·0	52·4	41·5
Leicester	May 10, 1837	36·1	11·3	18·1	60·0	60·7	19·0
Middlesex	May 16, 1831	6·7	9·1	37·4	55·7	38·7	52·9
Norfolk	May 18, 1814	13·3	19·1	52·3	45·4	37·9	54·4
Nottingham	Feb. 12, 1812	24·6	9·2	15·8	14·5	58·4	21·8
Stafford	Oct. 1, 1818	21·0	13·7	—	—	42·7	27·9
Suffolk	Jan. 1, 1829	16·1	10·8	50·4	33·7	52·6	35·3
Surrey	June 14, 1841	—	—	47·8	50·9	—	—
York, West Riding	Nov. 23, 1818	17·1	13·6	50·1	36·9	48·0	38·2
St. Peter's Hospital, Bristol	Incorp. 1696	20·3	19·7	46·0	27·3	33·0	32·0
OTHER PUBLIC ASYLUMS.							
Exeter	July 1, 1801	47·6	12·4	54·1	9·2	47·6	12·4
Lincoln	April 6, 1820	17·9	15·0	42·2	21·9	33·1	27·8
Liverpool	April 6, 1792	62·7	16·7	41·2	11·1	31·4	8·3
Northampton	Aug. 1, 1838	30.3	14·0	58·6	28·3	59·6	27·5
Warneford, near Oxford	July, 1826	22·4	7·5	54·7	12·8	60·0	20·0
York Asylum	Sept. 20. 1777	7·9	6·8	36·0	21·7	35·6	30·6
Friends' Retreat, York	Midsm. 1796	8·2	5·7	54·6	26·7	45·6	31·7

The Superintendents of some large Asylums have, in addition to the Returns requested, favoured us with

* The Return from the Cornwall Asylum gives the Average numbers, and annual discharges and deaths, for the last three years only.

FIG. 175 Table from *Report of the Metropolitan Commissioners in Lunacy*, 1844, showing 'Per Centages of Cures and Deaths in County and principal other Public Asylums'; the former varied between 31.4% at Liverpool and 63.2% at Chester.

the Lord Chancellor quoted here. And if the Report of the Parliamentary Committee of 1815/6 first brought the public face to face with the distressing circumstances of the insane in asylums, this first Report of the Metropolitan Commissioners with their newly extended powers may fitly be called in the words of Shaftesbury's biographer Edwin Hodder (1886) 'the Doomsday Book of all that, up to that time, concerned Institutions for the Insane'. This 'very interesting and elaborate report' wrote Sir William Charles Hood [*q.v.*] 'presents us with a full exposition of the state of lunacy in England and Wales at this period, accompanied by explanatory observations and suggestions . . . well worthy of attentive perusal. The statistics . . . supply us not only with authentic data for estimating the numbers of the insane of all ranks . . . but with a variety of facts calculated to elucidate the principles which should be observed in the medical and moral treatment of the disease' [see FIG. 175]. The Commissioners visited 'all the [166] Asylums for Lunatics . . . recognised by law' made up of 17 county asylums; 11 asylums of a mixed character, maintained

partly by subscription and partly by income arising from charitable foundations; 2 military and naval hospitals; 99 houses licensed by Justices in Session of which 59 received private patients only and 40 paupers as well; and 37 houses licensed by the Metropolitan Commissioners of which 33 received private patients only.

'Throughout the course of the visitations' wrote Shaftesbury, 'we have endeavoured to carry into full effect the spirit as well as the letter of the Acts . . . and . . . have extended our inquiries to many subjects beyond those which are specifically mentioned . . . It has been our endeavour to ascertain the treatment to which the lunatic . . . has been subjected from the commencement of his disease, previously to his reception in an Asylum, to his final discharge . . . and what may be the impediments to, or facilities for their liberation when they are restored to health', indeed all the circumstances incident on an attack of insanity before, during and after 'hospitalisation'. For convenience of presentation of 'the result of our investigation' into 'the present condition of Lunacy in England' he continued, 'we shall divide the subject into the following heads, viz.: 1. The different Classes of Lunatic Asylums, their Construction, Condition, Management, and Visitation; 2. Condition of Paupers, on Admission; 3. Forms of Disease, Medical Treatment, Diet, and Classification; 4. Occupations and Amusements; 5. Restraint; 6. Religious Services; 7. The Admission and Liberation of Patients; 8. Statistics of Insanity; 9. Criminal Lunatics; 10. Wales'.

This then was not merely a report on asylums but an inverted pyramid the apex of which was asylum inspection and the base a survey of the practice of psychiatry among all classes and institutions, comprising nearly 21,000 patients more than two-thirds of whom were 'objects of charity, and . . . maintained

General Statement of the Total Number of Persons Ascertained to be Insane, in England and Wales. January 1, 1844.

Where Confined.	Private Patients.			Paupers.			Total.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
County Asylums	130	115	245	1924	2231	4155	2054	2346	4400
Ditto, under Local Acts	—	—	—	38	51	89	38	51	89
Military and Naval Hospitals . . .	164	4	168	—	—	—	164	4	168
Bethlem and St. Luke's Hospitals .	178	264	442	86	35	121	264	299	563
Other Public Asylums.	249	287	536	177	166	343	426	453	879
Licensed Houses:—									
,, Metropolitan	520	453	973	360	494	854	880	947	1827
Provincial . . .	748	678	1426	947	973	1920	1695	1651	3346
* Workhouses and elsewhere . . .	—	—	—	4169	5170	9339	4169	5170	9339
Single Patients under Commission .	172	110	282	—	—	—	172	110	282
Totals	2161	1911	4072	7701	9120	16,821	9862	11,031	20,893

* Including 30 Male, and 3 Female Criminal Lunatics, in Gaols, according to the Parliamentary Return for April, 1843. The numbers given under this head have been obtained by deducting from the total estimated number of Pauper Lunatics on the 1st of January, 1844, those confined in Asylums on that day, including *County* and Vagrant Paupers, which are not distinguished from others in the Returns made to this Board, and which (as has been stated) were not comprised in the Poor Law Returns; consequently the numbers of Pauper Lunatics "in Workhouses and elsewhere," on the 1st of January, 1844, as well as the grand totals given above, exceeded the numbers in the Table by the number of *County* and Vagrant Paupers so deducted.

FIG. 176 Table from the same showing 'Total number of Persons Ascertained to be Insane, in England and Wales' and their distribution in county asylums, public asylums, licensed houses, workhouses and elsewhere. More than twice as many lunatics were still confined in 'workhouses and elsewhere' – one of the reasons why the erection of county asylums was made compulsory in 1845.

entirely at the public expense' [see FIG. 176]. Some of the observations have not lost their topical interest as when they criticised 'some Asylums' where 'the whole system of management appears to have been constituted less with regard to the cure of insanity, and to the restoration of lunatics to health and society, than to their seclusion and safe custody', a stricture still passed on some mental hospitals even at the present time. They observed in one asylum 'four instances of suicide' which had to be attributed 'principally to the temptation and opportunity occasioned by the existence of iron bars in the patients' rooms' – which illustrates nicely how the tide of management was turning, since the old measures of confinement and restraint were defended (or perhaps rationalised) as indispensable for preventing such occurrences. The extracts chosen show that many of the problems the Commissioners considered remained fundamental through the whole of the subsequent history of asylums, such as their ideal size (their limit of 200 patients was exceeded even at that time and their further growth to two or even three thousand with all the evils attendant thereon greatly obstructed the progress of psychiatry); the care of incurables; and seclusion. The question whether 'nervous persons' that is patients not so disturbed as to warrant or necessitate being declared 'of unsound mind' (with loss of liberty and civic rights) should be admitted to asylums they answered decidedly in the negative [see Allen 1837] – the reverse of modern policy where 'voluntary' (introduced by the Mental Treatment Act 1930) and today 'informal' (introduced by the Mental Health Act 1959) admission is encouraged and certification reduced to a minimum. This was because in 1844 certification was the only way the Commissioners could keep track of patients and so ensure that the protecting arm of the law was extended to all patients in asylums and that no sane person was illegally detained. They also considered what was to remain a major problem through much of the nineteenth century and even later, that of pauper lunatics in workhouses and elsewhere for lack of asylum accommodation (who came under the Poor Law Commissioners established in 1834). This was one of the reasons why the Act of 1845 made the erection of county asylums obligatory.

In addition to this *Report* the Commissioners also presented a separate Statistical Appendix of 246 folio pages containing returns from all the asylums in England and Wales and the principal ones in Scotland and Ireland; and a *Supplemental Report . . . relative to the general condition of the insane in Wales* (pp. 61) where to their astonishment they found that 'with the exception of the small Asylum at Haverfordwest (so totally unfit for its purpose)' and one house licensed in 1843 in Glamorganshire, there was no provision for the 1,177 pauper lunatics recorded by the Poor Law Commissioners.

CARE AND PROTECTION OF THE LUNATIC

Limitation of size of County Asylums

Another point connected with the construction of county Lunatic Asylums, and which requires much attention, is the size to which each should be limited. Out of fifteen county Lunatic Asylums already erected, ten have accommodation for not more than 200 patients, whilst the remaining five have room for larger numbers. The Asylum for Kent will contain 300;

for Surrey, 360; for the West Riding of York, 420; for Lancaster, 600 patients; and the Asylum for Middlesex has beds for 1,000 patients. From the best opinions that we have been able to collect, and from the result of our own observations and experience, we think it is desirable that no asylum for curable lunatics should contain more than 250 patients, and that 200 is perhaps as large a number as can be managed with the most benefit, to themselves and the public, in one establishment.

It has been generally considered to be an advantage in England, that our public hospitals are less in size than they are in France and on other parts of the Continent, and that the patients are on this account better attended to in our hospitals. We have, in other parts of our Report, alluded to some evils and inconveniences which have been experienced at Hanwell, owing to its extreme magnitude. The two resident Medical Officers have, between them, nearly 1,000 patients to attend, and are required by the rules to see every patient twice a day. Each of these Officers has an average of 30 persons on the sick list, and about 50 on the extra-diet list. Besides these duties, they have to mix the medicines, and to keep the registers and diaries. Some attention is also required to be paid to chronic cases, in which the general health and state of mind are often varying.

Nervous persons ought not to be received in Houses licensed for the Insane

At our first visit to the House of Dr. Allen, at High Beech, in the county of Essex, in September, 1842, we found a gentleman, residing as a boarder without certificates, whom we had known as a certified Patient in one of the Houses in the Metropolitan district: this person was evidently unfit to be at large. Dr. Allen stated that he had been in the habit of sometimes receiving low-spirited or desponding persons as boarders. He also said that he had, on several occasions, permitted patients in his Establishment to execute deeds affecting property, but that before doing so he always satisfied himself that the act was proper . . .

Houses which are Licensed for the reception of Insane Persons, ought to be kept exclusively for that purpose; and the reception of nervous, imbecile, and dejected persons, amongst those who are Insane, and often dangerous, is for obvious reasons open to serious objection. The admission of such persons without orders and certificates, appears, however, to be contrary to law, and is assuredly liable to great abuse. The practice is, or may be, made a subterfuge for receiving, as nervous, those who are manifestly of unsound mind. In the Houses above noticed, some of the boarders had been previously in confinement as certified Patients; one of them subsequently became maniacal . . . and others were manifestly Insane at the periods of our visits. The great object of the Laws for the regulation of Licensed Houses is, to insure to every person confined in them the advantage of being regularly visited, and thus to provide a security against improper acts, affecting either the person or the property

of the Insane. Every individual confined under certificates is examined by official visitors, whose duty it is to satisfy themselves not only that he is properly treated, but that he is also a fit person to be detained; and such investigation is some protection against persons of unsound mind being induced to make dispositions of their property. It is questionable, whether a proprietor of a Licensed House who receives boarders of this class, or who permits deeds to be executed by persons who are under confinement as Patients, ought to be entrusted with a Licence.

Increasing number of incurable cases

We are anxious to draw your Lordship's attention to the important fact that, however sufficient for the pauper lunatics of a county any Lunatic Asylum may have been at the period of its original erection, it has subsequently, and in many instances in a very short period, become insufficient, and is at the present time crowded with a large and increasing number of *incurable cases.*

The cure of insanity the main object of a County Asylum

The professed and indeed the main object of a county Asylum is, or ought to be, the cure of insanity. The patient who has had the benefit of a trial in the Asylum where he has become incurable, should, we submit, give way to the afflicted pauper who is in the Workhouse or at home, and is probably curable, and equally entitled to be received at the Asylum, where, by prompt and proper treatment, he may be restored to health and to his family, instead of being permitted to become an incurable lunatic, a source of expense to others, and of suffering to himself. A County Asylum is erected for the benefit of the whole county, and is to be considered not merely as a place of seclusion or safe custody, but as a public Hospital for cure . . .

These remarks lead us to another and most important cause, which operates to fill Lunatic Asylums with incurable patients, and to prevent the public from deriving any considerable benefit from them as Hospitals for the cure of Lunacy; and this must continue to operate and neutralise all other efforts for the benefit of the insane, unless means are adopted to relieve the Asylums, from time to time, from the pressure of incurable patients, and to provide for such patients in some other Establishment.

The disease of Lunacy, it should be observed, is essentially different in its character from other maladies. In a certain proportion of cases, the Patient neither recovers nor dies, but remains an incurable lunatic, requiring little medical skill in respect to his mental disease, and frequently living many years. A Patient in this state requires a place of refuge; but his disease being beyond the reach of medical skill, it is quite evident that he should be removed from Asylums instituted for the cure of insanity, in order to make room for others whose cases have not yet become hope-

less. If some plan of this sort be not adopted, the Asylums admitting Paupers will necessarily continue full of Incurable Patients; and those whose cases still admit of cure, will be unable to obtain admission, until they themselves become incurable; and the skill and labour of the physician will thus be wasted upon improper objects.

Under all these circumstances, it seems absolutely necessary that distinct place of refuge should be provided for Lunatic Patients who have become incurable. The great expenses of a Lunatic Hospital are unnecessary for Incurable Patients: the medical staff, the number of attendants, the minute classification, and the other requisites of a Hospital for the cure of disease, are not required to the same extent.

Confinement in Workhouses of Lunatics, objectionable

The Metropolitan Commissioners are directed by the act of the 5th & 6th Vic. c. 87, to visit houses licensed by Justices of the Peace for the reception of insane persons, and also County Lunatic Asylums. The act does not direct any visits to Workhouses. In the year 1842, however, we availed ourselves of all opportunities to visit such Union and other Workhouses as lay in our road . . . In the Union Workhouse at Redruth, in Cornwall, there were forty-one insane paupers, of whom six were idiots. Several of them were violent, and at times required restraint. In the Union Workhouse at Bath, there were twenty-one insane persons, of whom one female was constantly under restraint . . . In the Leicester Union Workhouse, there were thirty insane persons, of whom three males, and nine females, were dangerous lunatics . . . In the parish Workhouse at Birmingham, there were seventy-one insane persons, subject to insanity in various forms; several of them being epileptics, liable, after their paroxysms of epilepsy, to fits of raving madness . . .

We thoroughly appreciate the great difficulties which those who administer the Poor Law have to encounter in the disposal of pauper lunatics, by reason of the insufficient provision made for their reception in proper Asylums. We think, however, that the detention in Workhouses not only of dangerous lunatics, but of all lunatics and idiots whatsoever, is highly objectionable . . . Although a patient may not be violent or raving, he may require medical treatment, and it is at the beginning of attacks of insanity, when the causes of the disease are in most powerful operation, and the symptoms are developing themselves, that the skill of a medical officer experienced in this disease is most required. Our objection to the clause of the Act to which we have referred is, that it has a tendency to impress upon those who have the care of the poor, the belief that there is no harm in keeping lunatics away from Asylums so long as they are not dangerous, and thus to combine with the other causes which we have pointed out in producing that incurable condition in which pauper lunatics are so often sent to Asylums.

Seclusion or solitary confinement

Those who profess wholly, and those who profess in part only, to dispense with restraint, employ seclusion or solitary confinement; but the former resort to and advocate this mode of treatment more extensively than the latter. Seclusion or solitary confinement is now getting into general use in the treatment of the insane, and great numbers of the superintendents of public, and of the proprietors of private Asylums throughout the country are fitting up and bringing into use solitary cells, and padded rooms for violent and unmanageable Lunatics . . . Seclusion . . . is found to have a very powerful effect in tranquillising, and subduing those who are under temporary excitement or paroxysms of violent insanity . . . As a temporary remedy, for very short periods, in case of paroxysms and of high excitement, we believe seclusion to be a valuable remedy. We are convinced, however, that it ought to be used only for short periods, and that it should not be permitted as a means of managing and treating those persons who are permanently violent and dangerous . . .

Every institution . . . should be required to keep a register of every person who shall be in such confinement, and of the duration of every separate term of confinement. If it has been deemed necessary by the legislature to require a register of restraint, it is equally necessary, in our opinion, to have a register of seclusion.

JOHN BARLOW

SELF-CONTROL AND INSANITY, 1843

ON MAN'S POWER
OVER HIMSELF TO PREVENT OR
CONTROL INSANITY.

COMMUNICATED TO THE MEMBERS AT
THE ROYAL INSTITUTION OF GREAT BRITAIN, ON
FRIDAY EVENING, MAY 26TH, 1843.

BY THE REV. JOHN BARLOW, M.A.
OF TRINITY COLLEGE, CAMBRIDGE.
SECRETARY OF THE ROYAL INSTITUTION OF GREAT BRITAIN, F.R.S. &c.



LONDON:
WILLIAM PICKERING.
1843.

FIG. 177 Title-page of *On Man's power over himself to prevent or control insanity*, 1843 (a third edition in 1855) by the Reverend John Barlow (1799-1869), MA Cantab., FRS, Secretary of the Royal Institution, rector of Little Bowden, Northamptonshire and minister of Duke Street Chapel, Westminster.

The substance of this small book was first presented as 'a communication made to the Members of the Royal Institution, at one of their Friday evening Meetings'. Barlow's thesis (elaborated with 'large assistance' from 'Dr. Conolly, Dr. Webster, and Mr. Samuel Solly') was that 'mental derangement' was a 'functional' disorder not dependent on 'structural' nervous disease but arose because 'the Vital Force by virtue of which [man] is an animal' escaped from the control

of 'the Intellectual Force by virtue of which he is something more'. Accordingly he classified '*mental derangement*' (a term he preferred to '*Insanity*, because it will embrace all departures from the normal condition of man, as far as the functions of the brain are concerned') into two groups: 'I. Morbid affections of the nervous system and brain' comprehending what are today called dementia and confusional states. 'Every anatomist knows' he wrote, 'that extensive structural disease can exist without producing irrationality. Paralytic patients, though the disease has its origin in the brain, may lose memory, speech, sensation, or any other faculty, and yet use the rest calmly and rationally: inflammation may . . . produce frenzy without impairing the rational will . . . Neither . . . *necessarily* disconnect him with the world within, so as to place him beyond his own command'. The second group – insanity proper – he called 'II. Morbid affections of the Intellectual force' due to '*Inefficiency*, where either the appetites or instinctive emotions, &c. are left wholly uncontrolled'; '*Misdirection*, where delusions of sense are reasoned and acted upon'; '*Occultation*, where the organs of thought are impaired or wanting'. Barlow regarded his 'second class of mental derangement' as the consequence 'of neglected education, of unregulated passions, of vice, of misery, and . . . of mismanagement'. He continued: 'Should my position, that the difference between sanity and insanity consists in the degree of self-control exercised, appear paradoxical to any one, let him note for a short time the thoughts that pass through his mind, and the feelings that agitate him: and he will find that, were they all expressed and indulged, they would be as wild, and perhaps as frightful in their consequences as those of any madman. But the man of strong mind represses them, and seeks fresh impressions from without if he finds that aid needful: the man of weak mind yields to them, and then he is insane'. The modern reader will recognise in this passage a number of concepts which have since become commonplace in psychiatric theory: first that there is continuously at work a part of mind beyond consciousness, upsurge or breakthrough of which causes and determines the picture of mental illness, 'disconnects' man from himself – a potentiality shared by all; second, that there is a repressing mechanism; and third, the corollary albeit not remarked by Barlow that understanding of the sane man's unexpressed unconscious mind will help in the understanding of the insane's expressed words and conduct – a link forged by Freud. On the other hand Barlow's attitude tended to put moral obliquity on mental illness, one of the roots of the stigma attaching to insanity.

ARTHUR LADBROKE WIGAN (1785–1847)

MD, MRCS, practitioner of Brighton and London

A new view of insanity. The duality of the mind proved by the structure, functions, and diseases of the brain, and by the phenomena of mental derangement, 1844 *London, Longman* et al. (pp. xii+459) pp. 24-30, 52-3, 84-7

A NEW VIEW OF INSANITY.

THE

DUALITY OF THE MIND

PROVED BY THE

STRUCTURE, FUNCTIONS, AND DISEASES
OF THE BRAIN,

AND BY THE

PHENOMENA OF MENTAL DERANGEMENT,

AND SHEWN TO BE ESSENTIAL TO MORAL RESPONSIBILITY.

WITH AN APPENDIX:

1. ON THE INFLUENCE OF RELIGION ON INSANITY.
2. CONJECTURES ON THE NATURE OF THE MENTAL OPERATIONS.
3. ON THE MANAGEMENT OF LUNATIC ASYLUMS.

BY A. L. WIGAN, M.D.

The undevout Anatomist is mad.

Zwei Seelen wohnen, ach! in meiner Brust.
Goethe.

LONDON:
LONGMAN, BROWN, GREEN, AND LONGMANS,
PATERNOSTER-ROW.

1844.

FIG. 178 Title-page of A. L. Wigan's *Duality of the mind*, 1844.

Wigan promulgated a theory of mental illness based on the anatomical fact that the brain consists of two symmetrical hemispheres which he believed represented two separately complete organs with independent mental functions – hence 'duality of mind'. This was an inspired attempt to explain function by structure in the nervous system, that is psychology by neuro-anatomy com-

parable with Descartes' concept of the pineal gland as the seat of the soul or mind and Gall and Spurzheim's 'cerebro-mental organology'. Forbes Winslow [*q.v.*] in his introduction to Wigan's posthumous papers related that he had been distressed early in his life by apparently motiveless crimes of violence for which he could find no explanation: 'Sir Charles Bell was then occupied with his investigations which led to his great discoveries of the composition of nerves. Dr Wigan was young and sanguine, and, like most enthusiasts beginning the study of anatomy, believed that we should *catch nature in the fact*, and discover the connexion between mind and matter' (*Journal of Psychological Medicine*, 1859, vol. 2).

'The duality of brain' had of course been remarked from time immemorial but no one had wondered why '*mental consciousness* is single, though the brain be double' because sensory impressions from paired organs like eyes and ears were unitary. It remained for Spurzheim as James George Davey, a medical officer at Hanwell under Conolly pointed out, to draw attention to 'cases from Gall and Tiedemann, and Dr. Parry, of Bath, wherein the inharmonious action of the two hemispheres of the brain was marked by "double vision", or "double consciousness", and "double hearing" ' (*On the nature, and proximate cause, of insanity*, 1853). Sir Henry Holland to whom Wigan dedicated his book had a chapter 'On the Brain as a Double Organ' in his *Medical notes and reflections*, 1839 in which he tentatively suggested that in 'the *doubleness* of the brain . . . [and] nerves and other organs of animal life, we obtain a series of phenomena which variously interpret these more obscure disturbances in the mental faculties; and make it probable that some, at least, depend on changes in the relation of parts, to which a strict unity of action belongs in the healthy state'.

Wigan went much further and no longer spoke of 'double' functions, but found himself 'able to prove – that each cerebrum is a distinct and perfect whole, as an organ of thought . . . that a separate . . . process of thinking . . . may be carried on in each cerebrum simultaneously . . . that each . . . is capable of . . . separate [and opposing] volition . . . that . . . one may be rational and the other irrational'. While the two hemispheres functioned synchronously or the healthy kept control over the unhealthy, mental life functioned normally. But when unison was disrupted or the healthy succumbed to the dominion of the unhealthy mental derangement became manifest. Therefore the exercise of mental control could prevent mental illness: 'The necessity of assiduously cultivating the higher faculties of the mind, as a means of establishing self-control when the brain is in perfect health, and of enabling the healthy brain to exercise a pure tyranny over its brother when the latter is disordered or enfeebled, is the great duty of man'. In this he was in agreement with the Rev. John Barlow who wrote a booklet *On man's power over himself to prevent or control insanity* [see FIG. 177].

What makes this unusual book attractive is that Wigan did not set out to construct a philosophical system but elaborated an idea with clinical examples of delusions and hallucinations culled from the literature, his patients, and at length from his own mental experiences. Part of his self description is quoted here because it allows one to appreciate how much and how often psychological theories are inspired by a need to grapple with or rationalise personal experiences and difficulties. Wigan had himself felt 'a double identity' or 'double personality' and was greatly puzzled by what he called after Sir Walter Scott the 'sentiment of pre-existence' which Hughlings Jackson later described as 'reminiscences'

today called 'déjà fait' or déjà vu' phenomena. He related how at times he had to make strenuous efforts '*to hold myself together*' which he concretely interpreted as evidence of two independent and warring hemispheres, just as he felt 'to be in two minds' was evidence of two brains. Clearly Wigan's 'duality of mind' sprang from his own hypersensitive – one is almost tempted to say pre-psychotic – personality which gave him a heightened awareness of unconscious mental processes (as may also occur in psychic disturbances connected with the epilepsies) and to keep insight at bay he proposed as it were an anatomical unconscious free from any psychological implications. He recorded frankly that at times he felt on the brink of mental breakdown and strove hard to maintain his mental 'equilibrium'. In these states he observed an 'intermixture of two synchronous trains of thoughts . . . one rational . . . one irrational' and described a 'colloquy . . . and steady argument' between the two halves of his brain – a symptom so often described by patients as 'inner voices' or 'the mind talking to the brain'.

In 1847 Wigan printed for private circulation *A few more words on the duality of the mind, and on some of its corollaries*, but his ideas nevertheless failed to make an impression, perhaps to some extent because all discussions which suggest psychological processes beyond conscious awareness and therefore beyond control arouse anxiety and opposition or 'resistance' as Freud was to find out sixty years later. One of the few who did take notice of Wigan was Henry Maudsley (1889) who felt that his 'original and suggestive book . . . has perhaps never obtained the attention it deserves'.

THE DUALITY OF MIND

In entering on the subject of the duality of the mind and its organs, I must begin by demanding a temporary assent to certain propositions, of which I am hereafter to furnish the proofs . . . I believe myself then able to prove –

1. That each cerebrum is a distinct and perfect whole, as an organ of thought.

2. That a separate and distinct process of thinking or ratiocination may be carried on in each cerebrum simultaneously.

3. That each cerebrum is capable of a distinct and separate volition, and that these are very often opposing volitions.

4. That, in the healthy brain, one of the cerebra is almost always superior in power to the other, and capable of exercising control over the volitions of its fellow, and of preventing them from passing into acts, or from being manifested to others.

5. That when one of these cerebra becomes the subject of functional disorder, or of positive change of structure, of such a kind as to vitiate mind or induce insanity, the healthy organ can still, up to a certain point, control the morbid volitions of its fellow.

6. That this point depends partly on the extent of the disease or disorder, and partly on the degree of cultivation of the general brain in the art of self-government.

7. That when the disease or disorder of one cerebrum becomes sufficiently aggravated to defy the control of the other, the case is then one of the commonest forms of mental derangement or insanity; and that a lesser degree of discrepancy between the functions of the two cerebra constitutes the state of conscious delusion.

8. That in the insane, it is almost always possible to trace the intermixture of two synchronous trains of thought, and that it is the irregularly alternate utterance of portions of these two trains of thought which constitutes incoherence.

9. That of the two distinct simultaneous trains of thought, one may be rational and the other irrational, or both may be irrational; but that, in either case, the effect is the same, to deprive the discourse of coherence or congruity. Even in furious mania, this double process may be generally perceived; often it takes the form of a colloquy between the diseased mind and the healthy one, and sometimes even resembles the steady continuous argument or narrative of a sane man, more or less frequently interrupted by a madman; but persevering with tenacity of purpose in the endeavour to overpower the intruder.

10. That when both cerebra are the subjects of disease, which is not of remittent periodicity, there are no lucid intervals, no attempt at self-control, and no means of promoting the cure; and that a spontaneous cure is rarely to be expected in such cases.

11. That however, where such mental derangement depends on inflammation, fever, gout, impoverished or diseased blood, or manifest bodily disease, it may often be cured by curing the malady which gave rise to it.

12. That in cases of insanity, not depending on structural injury, in which the patients retain the partial use of reason (from one of the cerebra remaining healthy or only slightly affected), the only mode in which the medical art can promote the cure beyond the means alluded to is by presenting motives of encouragement to the sound brain to exercise and strengthen its control over the unsound brain.

13. That the power of the higher organs of the intellect to coerce the mere instincts and propensities, as well as the power of one cerebrum to control the volitions of the other, may be indefinitely increased by exercise and moral cultivation; may be partially or wholly lost by desuetude or neglect; or, from depraved habits and criminal indulgence in childhood, and a general vicious education in a polluted moral atmosphere, may never have been acquired

14. That one cerebrum may be entirely destroyed by disease, cancer, softening, atrophy, or absorption; may be *annihilated*, and in its place a yawning chasm; yet the mind remain complete and capable of exercising its functions in the same manner and to the same extent that one eye is capable of exercising the faculty of vision when its fellow is injured or destroyed; although there are some exercises of the brain, as of the eye, which are better performed with two organs than one . . .

15. That a lesion or injury of both cerebra is incompatible with such an exercise of the intellectual functions, as the common sense of mankind would designate *sound mind* . . .

18. That the object and effect of a well-managed education are to establish and confirm the power of concentrating the energies of both brains on the same subject at the same time; that is, to make both cerebra carry on the same train of thought together . . .

20. That every man is, in his own person, conscious of two volitions, and very often conflicting volitions, quite distinct from the government of the passions by the intellect; a consciousness so universal, that it enters into all figurative language on the moral feelings and sentiments, has been enlisted into the service of every religion . . .

Tiedemann relates that a man named Moser had one side of his head, or *one brain*, in a state of insanity, and that he watched it with the other. I do not know how this could be ascertained, though I have not a shadow of doubt that such cases are common, and that the extreme caution of some lunatics to conceal their mental derangement, when under examination, is in reality an absolute government for a limited period of the unhealthy brain by the sound one . . . At Vienna, says Gall, a minister of state was attacked for three years with a malady which he thus described to me: On the left side he constantly heard insulting expressions, so that he was always turning his eyes in that direction, to see where they came from, although perfectly convinced in the right side of his head that it was a delusion of the left side. When attacked with fever, he no longer knew it to be illusion, but long after his cure, when he indulged in wine or fell into violent anger, he felt in the left side of his head symptoms of relapse.

SENTIMENT OF PRE-EXISTENCE

There is a mental phenomenon of frequent occurrence, so common that I do not remember ever to have met with a person who had not experienced it more than once; – yet, I believe, Walter Scott is the only writer who has made mention of it. He calls it a 'sentiment of pre-existence'. It is a sudden feeling, as if the scene we have just witnessed (although, from the very nature of things it could never have been seen before) had been present to our eyes on a former occasion, when the very same speakers, seated in the very same positions, uttered the same sentiments, in the same words – the postures, the expression of countenance, the gestures, the tone of voice, all seem to be *remembered*, and to be now attracting attention for the second time. *Never* is it supposed to be the third time . . .

I believe the explanation to be this: only one brain has been used in the immediately preceding part of the scene, – the other brain has been asleep, or in an analogous state nearly approaching it. When the attention of both brains is roused to the topic, there is the same vague consciousness

that the ideas have passed through the mind before, which takes place on re-perusing the page we had read while thinking on some other subject. The ideas *have* passed through the mind before, and as there was not sufficient consciousness to fix them in the memory without a renewal, we have no means of knowing the length of time that had elapsed between the *faint* impression received by the single brain, and the *distinct* impression received by the double brain. It may seem to have been many years . . .

The strongest example of this delusion I ever recollect in my own person was on the occasion of the funeral of the Princess Charlotte. The circumstances connected with that event formed in every respect a most extraordinary psychological curiosity, and afforded an instructive view of the moral feelings pervading a whole nation, and shewing themselves without restraint or disguise . . . I had obtained permission to be present on the occasion of the funeral, as one of the Lord Chamberlain's staff. Several disturbed nights previous to that ceremony, and the almost total privation of rest on the night immediately preceding it, had put my mind into a state of hysterical irritability, which was still further increased by grief, and by exhaustion for want of food, for between breakfast and the hour of interment at midnight, such was the confusion in the town of Windsor, that no expenditure of money could procure refreshment. I had been standing four hours, and on taking my place by the side of the coffin, in St. George's chapel, was only prevented from fainting by the interest of the scene. All that our truncated ceremonies could bestow of pomp was there, and the exquisite music produced a sort of hallucination. Suddenly after the pathetic Miserere of Mozart the music ceased, and there was an absolute silence. The coffin, which was placed on a kind of altar covered with black cloth (united to the black cloth which covered the pavement), sank down so slowly through the floor, that it was only in measuring its progress by some brilliant object beyond it that any motion could be perceived. I had fallen into a sort of torpid reverie, when I was recalled to consciousness by a paroxysm of violent grief on the part of the bereaved husband . . . In an instant I felt not merely an *impression*, but a *conviction*, that I had seen the whole scene before on some former occasion, and had heard the very words addressed to myself by Sir George Naylor.

Often did I discuss this matter with my talented friend, the late Dr. Gooch, who always took great interest in subjects occupying the debateable region between physics and metaphysics; but we could never devise an explanation satisfactory to either of us. I cannot but think that the theory of two brains, as above stated, affords a sufficient solution of the otherwise inexplicable phenomenon.

THE ZOIST:

A JOURNAL

OF

CEREBRAL PHYSIOLOGY & MESMERISM,

AND

THEIR APPLICATIONS TO HUMAN WELFARE.

"This is TRUTH, though opposed to the Philosophy of Ages."—*Gall.*

VOL. I.

MARCH, 1843, TO JANUARY, 1844.

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PARIS: J. B. BAILLIÈRE, RUE DE L'ECOLE DE MEDECINE;

LEIPSIZ: T. O. WEIGEL.

M DCCC XLIV.

FIG. 179 Title-page of the first volume of *The Zoist*, 1844, a quarterly which ran from 1843 to 1856 in 13 volumes, started and edited by John Elliotson (1791-1868), MD Cantab., FRCP, formerly professor of the practice of medicine, University College, London 1831-8 and one of the founders of and physician to University College Hospital.

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FIG. 180 Page of index from the same showing the range of contributions and the link with phrenology. According to the prospectus 'Numerous experiments in this new and startling science [Mesmerism] are daily performed by individuals in different parts of the country. A Journal seems required to chronicle the fruits of their labours'.

THE

AMERICAN

JOURNAL OF INSANITY,

EDITED BY

THE OFFICERS OF THE NEW YORK STATE LUNATIC ASYLUM, UTICA.

VOLUME I.

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PRINTED BY BENNETT, BACKUS, & HAWLEY,

1844-5.

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FIGS. 181 & 182 Title-page and page from table of contents of the first volume of *The American Journal of Insanity*, 1844-5 (*Royal Society of Medicine*) founded and edited by Amariah Brigham and still issuing as the *American Journal of Psychiatry*. It was the first psychiatric journal in the English language not counting periodicals with a phrenological or mesmeric bias like *Transactions of the Phrenological Society*, 1824, *The Phrenological Journal*, 1824-47, *The Zoist*, and *The Phreno-Magnet*, 1843 edited by Spencer Timothy Hall, 'Lecturer on Phrenopathy'.

JOHN THURNAM (1810–1873)

MD Aberdeen, FRCP, medical superintendent, The York Retreat 1838–49, and Wiltshire County Asylum, Devizes 1850-73; President of the Medico-Psychological Association 1844 and 1855

Observations and essays on the statistics of insanity, and on establishments for the insane; to which are added the statistics of the Retreat, near York, [1845] *London, Gilpin* (pp. xx+184+[1]+124+[28]+xxvi+[7]) pp. 69-71 (part 1); 57-60 (part 2)

Although labelled 'craniologist' in the *Dictionary of National Biography* because of his interest in historical ethnology and his later studies of ancient British skulls, Thurnam played an important part in the development of psychiatry by introducing the principles of the 'numerical' or 'statistical' method to its problems. 'There are various questions' he wrote, which 'are only to be solved by recourse to numbers. Such . . . are the influence of sex and age, of climate, race, and different conditions of society, in the production of insanity. Such also . . . are the proportion of recoveries, the proportion of recurrent attacks and relapses, and the rate of mortality of mental disorders. Even when the facts to which numbers are applied are in themselves of a more doubtful character, – under which head, the causes, forms, and duration of the disorder may be mentioned, – and when the resulting statements are rather to be received as the approximate expression of the results obtained by different observers, they seem to me to be far from destitute of interest and value'.

To 'the excellent Esquirol' he paid tribute as 'the first author who employed figures to any extent, in the elucidation of the history of insanity'; to William Farr (1807–1883), LSA, hon. MD New York, hon. DCL Oxon, FRS, 'the distinguished coadjutor of the Registrar-General' for 'the earliest really valuable contributions to the statistics of insanity' – reference to Farr's papers on 'Statistics of English Lunatic Asylums' 1835 and 'Report upon the Mortality of Lunatics' 1841. However, some members of the profession remained sceptical of the value of 'the numerical method in the study of insanity'; for instance 'Dr. Luther Bell, the medical superintendent of the M'Lean Asylum, Boston, U.S.A. [still remembered eponymously in some textbooks for his description of 'Bell's mania', a fulminating type of acute excitement] has expressed very strong objections to the statistical method as applied to the study of mental disorders, and has discontinued his tabular reports of the results obtained in that establishment'. To this Thurnam replied that he believed 'we are justified in looking for much benefit from its more general but cautious adoption by cultivators of medical science, and by practitioners of the healing art . . . statistics alone . . . can give accuracy to our knowledge, and that confidence in our inferences which nothing but the careful collection and analysis of facts can rightly confer'.

The book is made up of two parts, the first dealing with the general statistics of insanity contains a detailed comparison of the cases and cures in various asylums, and the second a historical sketch and the statistics of the Retreat, an expanded version of an earlier account published at York 1841. Thurnam realised the necessity for the large scale collection of detailed information in standardised form before any valid conclusions could be drawn about the clinical features and natural history of mental disorders. He devised for this purpose a questionnaire used at the York Retreat and worked for its acceptance in all asylums through the medium of the parent body of the Royal Medico-Psychological Association of which he was an original member. Part of this is quoted here because it was the first of its kind and its inquiries similar to those made today of patients and their relatives under the heads of personal history, social history, history of previous illnesses, and of the presenting illness.

THE NUMERICAL OR STATISTICAL METHOD

We may conclude this chapter with a few remarks on the means of collecting and registering the statistics of hospitals for the insane in general. It is scarcely necessary to point out the importance of a well-digested method of registration, in the collection of results of whatever description, in a numerical form. By means of such a register, every important topic of observation and enquiry is constantly kept under the

PRICE FIVE SHILLINGS.

OBSERVATIONS AND ESSAYS

ON THE

STATISTICS OF INSANITY,

AND ON

ESTABLISHMENTS FOR THE INSANE;

TO WHICH ARE ADDED

THE STATISTICS OF THE RETREAT, NEAR YORK.

BY JOHN THURNAM, M.D.

LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON,
MEDICAL SUPERINTENDENT OF THE WILTS COUNTY ASYLUM.

LONDON:
C. GILPIN, 5, BISHOPSGATE STREET WITHOUT;
JAMES HUNTON, LOW OUSEGATE, YORK.

FIG. 183 Title-page of John Thurnam's *Statistics of insanity*, [1845].

eyes of those engaged in the work, and attention is thus almost necessarily directed to them. I am happy, in this place, to be able to state that one of the first objects to which the attention of the 'Association of Medical Officers of Hospitals for the Insane' was directed, was that of the best form of register to introduce into the several asylums with which the members are connected. At the first annual meeting of the association, held at Nottingham Asylum [1841], a committee of four members was appointed to prepare such a form; which was submitted to, and approved by, the second annual meeting, held at Lancaster during the summer of 1842 . . . It will be seen that the register of the association contains twenty-eight columns, all devoted to the physical and moral history of the cases . . . they occupy the two sides of half a sheet of large folio post paper, and have suitable intervening spaces allotted for the answers . . . The necessity for some such means of obtaining as full histories as may be, of the cases admitted into asylums is, I think, very evident; and I have, indeed, found a document more or less of this description, in nearly every asylum I have visited. Many of the forms in use are, however, exceedingly brief, not to say defective; and it is very desirable that they should undergo a general revision, and be made to embrace all the facts required by any complete form of register, of which we may hope one will, before long, be introduced into at least every public hospital for the insane in these kingdoms . . .

HEADS OF INQUIRY

Personal Circumstances

1. What are the name and age of the patient?
2. Where was the place of birth, and where the late residence of the patient?
3. Is the patient single or married; and if married, at what age; the number of children, if any; and the ages which the eldest and youngest would have attained, supposing them to have survived?
4. What occupation has the patient chiefly followed, and to what was he brought up?
5. Is the patient in membership, by birthright or otherwise, or is he in any way connected, with the Society of Friends; if not, to what religious denomination does he belong?

History prior to Mental Disorder

6. Was there anything peculiar in the mental or physical circumstances during infancy or childhood?
7. What appeared to be the disposition and character during the youth of the patient; were these marked by any remarkable strength or vigour, or by any eccentricity, or decided pecularity; was he endowed

with a greater or less share of natural understanding than is common; or was anything like precocity of intellect observable?

8. Were the understanding and the affections much cultivated in very early life: what extent and description of literary instruction did the patient receive; and was this given at home, or if not, in what kind of schools or other seminiaries?
9. What were the habits of the patient, as regards temperance, industry, and regular conduct, during youth, as well as at a more advanced period?
10. Has the patient, at any time, engaged in any intellectual or other pursuit with particular earnestness; or has his conduct ever exhibited a strong bias in any direction?
11. Has any material change taken place in the pecuniary circumstances of the patient; or has he been exposed to any particular reverse or disappointment of any other kind, or to any remarkable success?
12. Was the patient ever afflicted with fits or palsy?
13. Did the patient, at any period of life, previous to the origin of the present malady, suffer from any particular bodily illness or infirmity; and, if so, of what kind?

History of the Mental Disorder

14. At what age was the patient first attacked with symptoms of insanity?
15. What has been the duration of the present attack?
16. If this be not the first attack, how often has the malady previously occurred; of what duration, and in what forms, at each attack?
17. Were the intervals of sanity between the previous attacks, if any, complete; and what was their duration?
18. Is the disease supposed to be hereditary; or have any near relatives of the patient ever been insane?
19. What are supposed to be the causes (remote and immediate) of the first attack, and what those of the subsequent and last attacks of mental disorder?
20. Previous to any decided appearance of insanity, was there any unusual elevation or depression of spirits; or was any remarkable change in the temper, opinions, or conduct observed; or was the sleep, or the health of the patient, in any other respect, materially affected; and if so, in what way, and for how long?
21. Since the patient has appeared decidedly insane, in what way has the disorder been peculiarly manifested; is the mind of the patient affected indifferently by various subjects, or chiefly by one; and if so, what is that subject? Mention particularly any remarkable or permanent delusions which may affect the patient.
22. Has the patient shown any disposition to refuse food, or to injure

himself; and if so, in what way?

23. Is the patient prone to acts of destruction or to violence of any kind; or has he made any dangerous attacks upon the life of any person?
24. What are the habits of the patient as regards cleanliness, and attention to the calls of nature?
25. Does the disorder appear to be increasing, declining, or stationary; are there any lucid intervals, or any great remissions, or exacerbations; and if so, do such changes occur at uncertain times, or at stated periods?
26. Is the patient in good bodily health? If not, describe the symptoms which have been observed, and the present state of the disorder.
27. What medical, or other, means have been used for the recovery of the patient; and with what effect?
28. Has the patient ever been under care in any public or private institution, or asylum; and if so, when, how often, how long, and with what result?

JOHN BURDETT STEWARD

PRACTICAL NOTES ON INSANITY, 1845

As its title implies this was a practical book arranged 'wholly with a view to treatment'. For this purpose Steward divided 'insanity' into 'Idiopathic . . . the disease in its pure form, without derangement of the general health, functional impairment, or disease of any organ', 'Symptomatic . . . when . . . accompanied by derangement of the general health or impairment of function', and 'Organic . . . when accompanied by a morbid change in the brain'. Regarding treatment of the 'Idiopathic' variety he recommended 'moral treatment, the most important as it is the most difficult' which he defined as 'the employment of means, best fitted to restore the sufferer to a healthy habit of thought and action'. Medically 'there is little to be done, beyond an occasional dose of opening medicine' and dealing with 'accidental illness' as it may arise, for 'to prescribe for the mind, whilst its real nature remains a mystery, is to prescribe for a phantom'. 'Medical treatment' over and above this is 'not merely empirical but cruel' like the swing for instance 'a remedy which would be tolerated in no disease but insanity'. Incidentally Steward gave the first account of a suicidal patient who refused food and was fed by a narrow tube passed into the stomach through the nose.

PRACTICAL NOTES

ON

INSANITY.

BY

JOHN BURDETT STEWARD, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; FOR TEN YEARS PHYSICIAN TO THE DROITWICH LUNATIC ASYLUM, WORCESTERSHIRE.

LONDON:
JOHN CHURCHILL, PRINCES STREET, SOHO.
MDCCCXLV.

FIG. 184 Title-page of *Practical notes on insanity*, 1845 by J. B. Steward (1794-1888), MD Cantab., FRCP, formerly physician to Droitwich Lunatic Asylum, owner of Southall Park Asylum, Middlesex.

JOSEPH WILLIAMS

NARCOTIC TREATMENT, 1845

AN ESSAY

ON THE

USE OF NARCOTICS

AND

OTHER REMEDIAL AGENTS

CALCULATED TO PRODUCE

SLEEP

IN THE

TREATMENT OF INSANITY.

FOR WHICH THE AUTHOR OBTAINED
THE LORD CHANCELLOR'S PRIZE IN IRELAND.
AWARDED BY THE PRESIDENT AND FELLOWS OF KING AND QUEEN'S COLLEGE OF PHYSICIANS.

BY

JOSEPH WILLIAMS, M.D.

LONDON: JOHN CHURCHILL.
EDINBURGH: MACHLACHLAN AND STEWART.
DUBLIN: FANNIN AND CO.
MDCCCXLV.

FIG. 185 Title-page of *An essay on the use of narcotics . . . in the treatment of insanity*, 1845 by Joseph Williams (1816-1883), MD Edin., MRCP, medical practitioner of London (a second edition much enlarged appeared as *Insanity, its causes, prevention, and cure*, 1852).

Williams pointed out 'that although many physicians have grappled with the causes of insanity, have described its most varied hues and its minutest shades . . . yet the more close review of remedial agents calculated to procure sleep in . . . insanity, seems to have been either but slightly regarded, or often totally avoided'. This was the more remarkable 'considering that insomnia or vigilantia are generally the precursors, and but too frequently the constant concomitants of those suffering from insanity, nay, that the very disease itself appears often to depend on this insomnolent condition; so that if sleep can be artificially induced, the threatened affliction may be retarded or even altogether prevented'. Although it may be argued that it is often better medicine to ascertain the psychological disturbance causing the insomnia than to procure sleep artificially with intoxicating narcotics, Williams' book nevertheless was timely and one of the earliest on a subject which has grown so much that today there are available innumerable hypnotics as well as sedatives and tranquillizers claimed to pacify the mind even during waking hours.

SIR GEORGE BURROWS (1801–1887)

MD Cantab., Fellow and President of the Royal College of Physicians, FRS, physician to St Bartholomew's and Christ's Hospitals and to Queen Victoria; son of G. M. Burrows [*q.v.*]

On disorders of the cerebral circulation; and on the connection between affections of the brain and diseases of the heart, 1846 *London, Longman* et al. pp. 177-80

Etiological theories of mental illness had attributed to the blood an important role ever since bleeding first became the standard treatment. In the nineteenth century growing clinico-pathological knowledge of 'apoplectic affections' or gross cerebro-vascular disease seemed to confirm the importance of disordered cerebral circulation or 'excess determination of blood to the head' in the production of nervous symptoms of all kinds. Burrows however pointed to the paradoxical situation which had arisen that 'many physicians . . . from experiments, and reasonings . . . have arrived at the conclusion, that the absolute quantity of blood within the cranium is at all times nearly the same', while 'morbid anatomists . . . are in the habit of describing congestions of the blood-vessels of the brain, states of hyperaemia . . . and so on', and 'practical men are continually speaking of determination of blood to the head, of plethora of the cerebral vessels; and assuming that such states actually exist, they employ various remedies to diminish these supposed conditions of repletion'. In order therefore 'to establish more correct ideas upon the peculiarities of the circulation within the cranium; upon the effects of alternation of vascular pressure . . . on the functions of the brain; and upon the proximate cause of apoplexy and other comatose affections' Burrows conducted a clinical and experimental inquiry (including animal experiments) into 'what modifications the circulation in the brain is capable of undergoing in health and disease' and 'how far . . . the heart . . . is capable of disturbing the functions of the brain, and in what manner these changes in the circulation' affect it. Under the heading 'mental disturbance produced by chronic cardiac diseases' he drew the picture of depression, irritability and difficulty in concentration resulting from disturbed cerebral function before the development of obvious signs of neurological deficit – known today as organic vulnerability, and easily mistaken for a depressive illness.

It must be remembered that when Burrows wrote, there was no clinical method of determining blood pressure (which did not come into practice until towards the end of the nineteenth century) nor were the symptoms attributable to hypertension and changes in peripheral vessels as occur in hypertensive encephalopathies and the progress of arteriosclerotic dementia distinguished from those due to diminished supply of oxygen to the brain or cerebral anoxia consequent upon heart failure. Nevertheless his admonition was valuable: to

search for 'valvular disease' or 'hypertrophy' of the heart 'by auscultation' (instead of merely 'ascertaining the characters of the radial pulse' which had been the only way of examining the heart and circulation before the introduction of the stethoscope by Laennec in 1816) in patients 'dyspeptic, hysterical, nervous, or on the verge of insanity' and even 'among the insane' – since it drew attention to not uncommon causes or aggravations of mild 'disordered functions of the brain' as well as of delirious and dementing conditions.

CARDIOVASCULAR DISEASE AND MENTAL DISTURBANCE

No physician ever observed the general symptoms of diseases of the heart with greater accuracy than the celebrated Corvisart. It will therefore be interesting to advert to the results of his observation on the effects of diseases of the heart upon the functions of the brain.

In describing the general symptoms of hypertrophy and dilatation of the heart, he remarks, that in all stages of their progress the functions of the brain are disturbed. The patient suffers from frequent and obstinate pain in the head, from dazzling of sight, from numbness of different parts; he becomes gloomy, impatient, and irascible. As the disease advances, sensations approaching to syncope, or globus hystericus, are experienced. The sleep at nights is often broken by frightful dreams, which cause the patient to awake with starting; and during the day he becomes more capricious, impatient, and irritable. In the advanced stages of cardiac disease the functions of the brain are still more disturbed. The senses become dull; sometimes there is delirium at night; the patient suffers from an indescribable sense of muscular debility; a continual anxiety torments him, to such a degree that a furious despair makes him long for death, and even sometimes prompts him to seek it by his own hands.

The picture is by no means overdrawn by Corvisart, and must be familiar to the physicians of public hospitals, where the most aggravated cases of cardiac disease are met with; and where such affections, with all the accompanying nervous depression, occur in individuals who have long pursued a course of intemperance, giving unbridled licence to their passions, and who have no principles to sustain them in the midst of their bodily sufferings.

But it is not only in hospitals that the symptoms described by Corvisart, mitigated probably in intensity, are presented to our notice. Middle-aged persons, of both sexes, in the upper ranks of society, apply occasionally for medical assistance, and who are suffering from uneasy sensations in the head, lowness of spirits, feelings of debility, occasional faintness, disposition to sigh, urgent desire for fresh air about them, irritability of temper, incapability of steady occupation, disturbed rest at nights. Such persons are often supposed to be dyspeptic, hysterical, nervous, or on the verge of insanity. Neither they themselves, nor their ordinary medical attendant, have suspected the existence of any disease of the heart.

Auscultation in these cases has several times revealed to me the physical signs of valvular disease in the heart, or of serious changes in the aorta, and then, upon more close inquiry, other symptoms indicative of interruption to the course of the blood through the heart are confessed to.

The history of such individuals often informs us that they have suffered from rheumatic fever many years before, or they have had some previous severe inflammatory affection of the chest, most commonly pleurisy; or they remember, under the influence of mental excitement or bodily exertion, many years ago, having felt some peculiar sensation in the cardiac region, or that they suddenly fainted. The subsequent progress of such cases soon develops many more unequivocal symptoms of confirmed cardiac disease.

Dr. Clendinning, whose original researches into cardiac pathology I have already alluded to, states that he has known many cases of inflammatory disease, and several of mania and delirium tremens, which, although of no extraordinary severity in themselves, proved fatal, notwithstanding all the usual remedial means; and such event was wholly owing, as Dr. Clendinning thought, to their complication with hypertrophy or other affections of the heart. These latter observations perfectly coincide with my own experience; and so assured do I feel as to the influence of diseases of the heart upon the functions of the brain, that I have little doubt but that if auscultation were generally employed among the insane patients in the large lunatic asylums, that numbers would be found suffering from cardiac lesions, which, by disturbing the cerebral circulation, tend to keep up the disordered functions of the brain.

Many pathologists, of late years, have pointed out the double origin of disturbance to the functions of the brain and spinal cord, either *centric* or *ex-centric*. This principle is equally applicable to insanity as to other cerebral disorders. I believe it will be found that diseases of the heart play their part as an excentric cause of irritation, exciting or increasing disorders of the intellect to an extent which is not at present suspected.

In conclusion, I must express my conviction, that in obscure or intractable head affections, if practitioners would more generally take the precaution of scrutinizing the state of the heart by auscultation, with the same pains they bestow in ascertaining the characters of the radial pulse, they would often find an explanation of the peculiarity of that pulse in such cases; they would also discover a clue to the better understanding of the pathology, and the more successful treatment of this difficult class of diseases.

ERNST VON FEUCHTERSLEBEN (1806–1848)

MD Vienna, Dean of the Faculty of Medicine, University of Vienna; Under Secretary of State, Austrian Ministry of Education; poet

The principles of medical psychology being the outlines of a course of lectures by Baron Ernst von Feuchtersleben, M.D. (Vienna, 1845) translated from the German by the late H. Evans Lloyd, Esq. Revised and edited by B. G. Babington, M.D., F.R.S., 1847 *London, Sydenham Society* (pp. xx + 392) pp. 21-2, 68, 74-5, 246-7

'The following work on a subject of permanent interest and importance is remarkable for the clear and methodical arrangement of its matter, for its depth of erudition and research, and for the impartial and philosophical spirit in which it is written.' In these words Feuchtersleben's English editor explained why the Sydenham Society had contrary to its general rule authorised this translation of a contemporary work not yet tested by 'the stream of time': first its excellence, second 'the great interest which medical psychology at this time excites', and third 'the stamp of public approbation' which it had in fact already received in Vienna where the edition rapidly sold out. At the start of the 1840s Feuchtersleben had 'turned his attention to the revival of the study of psychiatric medicine . . . commenced a course of lectures' and had the satisfaction of seeing 'a new lunatic institution . . . built in consequence of his exertions'. Soon after, he published this 'compendium of medical psychology' for 'Medical Students in a state of transition from theory to practice . . . It is superfluous to demonstrate that such a course of instruction . . . is indispensable not only to the psychiatric practitioner in lunatic asylums but to physicians in general, every one of whom ought to have a clear view of the relations of the body to the mind'. It was 'not intended to be either a physiology and pathology of the nerves, or a pure psychology, but an exposition of all the relations under which mental operations may be presented to medical observation and medical treatment . . . I have only erected the framework' Feuchtersleben continued, to provide a guide to 'existing materials' and so 'enable the pupil to ascertain his exact position in the new territory to qualify him to explore for himself, and to make further advances in knowledge . . . If I might claim credit for anything in these lectures, it would be for the frequent repetition of the expression "This is undecided", and perhaps I might have introduced it with advantage still more frequently . . . This uncertainty is . . . greatly to the advantage of the pupil, for it is a guarantee to him that further research is possible'.

This book then was an altogether new departure in psychiatric writing with its orderly and digested collection of facts and theories historical and contemporary, grouped within a balanced overall view of the aims, principles and scope of the subject. Unlike so many texts which attempt to cover a whole field, it is live,

stimulating, critical and forward looking, and distilled the essence from the mass of outworn theories and doubtful facts accumulated through the ages in order to remove that 'great disadvantage' of 'all professional men' that they are not 'allowed to be ignorant of what is useless . . . Every one fancies that he is bound to transmit what was and is believed to be known'.

Accordingly the book begins with 'a concise history of psychological medicine from its first traces to its present state; so that when we come to our proper subject, we may at once find ourselves in a position to understand it, and not build without a foundation; for it may be said emphatically of this department, which, considered as a whole, is altogether new, that the history of a science is the science itself'. There follow 'the physiology of the mind' containing 'a phenomenology, genetically developed, of all the healthy states of the mind . . . a practical psychology treated with reference to medicine'. Next 'the pathology of the mind . . . divided into the pathogeny . . . and the nosography, which aims at exhibiting the phenomena, the natural history, and the so-called system of psychoses'. Part three was devoted to 'the therapeutics (the theory of psychological medicine)'.

Feuchtersleben not only introduced into psychiatry a new standard and a new methodology but also a number of terms which came to stay: 'psychiatrics' today psychiatry (and first found as 'Psychiaterie' in Reil 1808 and as 'Psychiatrie' in Heinroth 1818); 'psychosis' or 'psychopathy', that is mental disease as distinguished from neurosis or functional disease of nerves; 'psychopathology', a term originally coined by Bentham [*q.v.*] but here used in its modern sense; and 'the psychological physician' or 'psychiatric practitioner' with the 'psychopathic physician' as a perhaps less happy alternative. It was also after the publication of his book that the terms 'amnesia' or total loss of memory, 'hypermnesia' or heightened memory, and 'dysmnesia' or morbidly altered memory came to be generally adopted.

Extracts have been chosen representative of the new scientific spirit of Feuchtersleben's approach to 'psychiatrics', a book still worth reading *in extenso*.

THE PSYCHIATRIC PRACTITIONER

In no department of medicine is it more necessary to individualise; while in none is this left so entirely to the tact of the physician as in the treatment of mental diseases. These difficulties sufficiently indicate the endowments which are especially required in a good psychological physician . . .

I. To acquire a knowledge of this most delicate and recondite branch of medical science, he must possess, together with that quick apprehension and correct judgment, which are equally indispensable in all the other branches, a refined perspicacity and a philosophically cultivated understanding . . .

II. The application of this knowledge to the psychological patient, requires a very rare and peculiar combination of natural qualities, namely, as much sympathy on the one hand, as firmness, capable of assuming the expression of inflexible sternness, on the other. He who is not able to act

this twofold part, must not be a psychological physician, lest his patients, nay, he himself, should become victims to a mistaken choice of his profession. Besides this, his circumstances must be such as to allow him to devote himself more or less exclusively to this branch of medicine, that is, to give it the greater portion of his time, which is more necessary in this than in other branches, because the treatment, in most instances, demands a second education. He must be able, by his personal demeanour, to obtain influence over the minds of other men, which, though in fact an essential part of the psychical mode of cure, is a gift that Nature often refuses to the most distinguished men, and yet without which, mental diseases, however thoroughly understood, cannot be successfully treated.

Lastly. He ought to possess a high moral character . . . Let every one, therefore, sincerely and carefully examine his conscience, his powers, and his wishes, before he devotes himself to this most difficult of all the departments of medicine; for more confusion has been produced in the world by careless and incomplete efforts than by total inertness.

PSYCHIATRICS

It is now usual to distinguish, in a medical sense, three different views of the relation of the operations of the mind to those of the body – of intellectual to corporeal life.

1. That called *somatic* assumes the operations of the mind to be an emanation from those of the body, and considers mental disorders to be merely bodily ailments.

2. That called *psychical* assumes an independent operation of the mind, and considers its disorders as purely psychical derangements.

3. That called *mixed* assumes an independent operation (life) of the mind, and sees in its derangements a half psychical, half corporeal disease . . .

Instead of the notions of the somatic, psychical, and mixed views stated above, and the doubtful foundations upon which they rest, you will now naturally wish to be informed which of them are the views that these lectures adopt, or what others they will propose, in order that you may be guided by something not negative, but positive. A well-grounded answer to this point can only be furnished by the lectures themselves; but from our preliminary basis thus much may be premised. The maladies of the spirit alone, *in abstracto*, that is, error and sin, can be called diseases of the mind only *per analogiam*. They come not within the jurisdiction of the physician, but that of the teacher and clergyman, who again are called *physicians* of the mind *per analogiam*. The maladies of the body alone *in abstracto*, for instance, of the brain or the nerves, without mental alienation, are not diseases of the mind, but of the body. The notion, *mental disease*, must therefore be deduced, neither from the mind nor from the body, but from the relation of each to the other. The question does not

turn here on the external cause of psychopathies, which may be either psychical or corporeal, nor upon what is called the proximate cause, which is inscrutable, because the relation between body and mind is inexplicable; the question is respecting the phenomenon itself. Where psychical phenomena appear *abnormal*, there is mental disorder which has its root in the mind, so far as this is manifested through the sensual organ, and has its root in the body, so far as this is the organ of the mind. To search after the phenomena in which these relations are revealed, with the unprejudiced eye of experience – to investigate them scientifically in every point that is of importance to the physician, and to collect them in one whole, is the province of medical psychology . . .

The somatic theory is in the right when it will not recognise any psychopathy without a corporeal substratum . . . It is in the wrong when it sees in any one organic metamorphosis the whole essence or proximate cause, as it is called, of mental disorders, for these are very complex results, and we find by experience every kind of organic metamorphosis occurring, sometimes *with*, sometimes *without*, now with *one*, now with *another*, psychopathy. It is likewise in the wrong when it allows that the occasional cause may be psychical, but determines that the proximate cause can be only physical, for the occasional cause may be likewise physical, and the proximate cause must always be likewise psychical, because otherwise only a neurosis, but never a psychosis, would be produced.

Every psychosis is, at the same time, a neurosis; because, without the intervention of nervous action, no change of the psychical action becomes manifest, but every neurosis is not a psychosis, of which convulsions and pain afford sufficient examples . . .

The psychical theory is in the right in not recognising pure neuroses as psychopathies, for the above-mentioned reasons . . . The mixed theory, as it is called, is in the right in never forgetting to have regard to these two factors. But it is in the wrong when it considers, sometimes the one, sometimes the other, as acting etiologically or pathologically . . . No permanent mental disorder is a necessary consequence of passion in perfect bodily health, nor of fever in a perfectly healthy state of the mind . . . Properly, however, the whole dispute and all the objections affect only *the ideal* of these theories, and, strictly speaking, none of their advocates; for an unprejudiced inquirer in our department will soon perceive that each of them is guided, in his researches, by the genius of medical psychology.

THE COMMISSIONERS IN LUNACY

FURTHER REPORT OF THE COMMISSIONERS IN LUNACY, TO THE LORD CHANCELLOR. PRESENTED TO BOTH HOUSES OF PARLIAMENT BY COMMAND OF HER MAJESTY, 1847 (pp. viii+504) pp. 220-31

The two Acts of Parliament of 1845 'for the Regulation and Treatment of Lunatics' (8 & 9 Vict., c. 100) and 'to amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Maintenance and Care of Pauper Lunatics' (8 & 9 Vict., c. 126) resulted from the *Report* of 1844 [*q.v.*] and were like it the work of Lord Shaftesbury. The new Commissioners in Lunacy (five laymen, three physicians and three barristers-at-law) constituted a permanent centralised full-time body with Lord Shaftesbury as chairman, to supervise all that pertained to the insane throughout the land by inspecting, licensing and reporting to Parliament. They were to inspect asylums annually, provincial licensed houses twice yearly and metropolitan houses four times a year (excepting only Bethlem Hospital which remained exempt until 1853, the clause in the Bill bringing it within the Commissioners purview having been expunged by the House of Lords); they were empowered to visit gaols, workhouses or any institution where insane persons were confined. For ease of inspection all asylums were required to keep 'Registers and Medical Records . . . in a specified and uniform shape'. In fact the provisions of the Acts were so extensive that in the same year two explanatory manuals appeared: *An Act (8 & 9 Vict., c. 100) for the regulation of the care and treatment of lunatics. With explanatory notes and comments*, 1845 by Forbes Winslow and *The new Lunacy Acts . . . with an introduction, abstracts, notes and index*, 1845 by W. G. Lumley 'one of the assistant secretaries of the Poor Law Commissioners'. To give their work, findings and recommendations publicity it was enacted 'That the Commissioners shall . . . in the Month of *June* in every Year make to the Lord Chancellor a Report of the State and Condition of the several Houses, Hospitals, Asylums, and other Places visited by them . . . and of the Care of the Patients therein, and of such other Particulars as they shall think deserving of Notice; and a true Copy . . . shall be laid before Parliament'.

So ended the first long struggle to establish lunacy legislation on a sound and workable basis protecting all the insane rich and poor by the watchful eye and strong arm of a central inspecting and supervising body. 'It is remarkable and very humiliating' observed Shaftesbury, 'the long and tedious process by which we have arrived at the sound practice of the treatment of the insane, which now appears to be the suggestion of common sense and ordinary humanity'.

In June 1846 the Commissioners presented their first Report which was printed in June 1847. In it they indicated that they were preparing 'a special

Report . . . of all such matters coming under their cognizance as they shall consider worthy of his [the Lord Chancellor's] especial notice'. In their second Report presented in June 1847 and printed in December the same year they explained the delay was due to their wish to 'include all material facts relating to the existing state of Lunacy and Lunatic Asylums; and for this purpose they had to seek and await information on several points from various parties'. They had sent questionnaires to superintendents and medical officers of all asylums as they were also 'desirous of ascertaining the medical treatment now in use . . . in order that the same might be made public, for the benefit of persons interested in the alleviation of Insanity'. As a result almost a third of their *Further Report* is made up of an account of the 'Medical and moral treatment' adopted in the various institutions with the replies of the superintendents in full which makes it an invaluable survey of the practice of psychiatry in the mid-nineteenth century.

From it has been chosen the section in which the Commissioners assessed 'moral treatment' and which as nobody quite knew what exactly it meant, they defined as 'all those means which, by operating on the feelings and habits, exert a salutary influence, and tend to restore them to a sound and natural state'. They thought it so important that 'as a means of cure it ought never to be lost sight of . . . There are, in fact, no Insane Persons, except perhaps those in whom scarcely a glimmering of reason or intellect remains, whose cases do not require attention to moral treatment, and who are not susceptible of greater or less improvement from it'. Their definition shows that 'moral treatment' covered each and every aspect of asylum life other than the physical or medicinal treatment directed against 'the original disorder of physical or bodily function' which in their opinion constituted 'the proximate cause of Insanity in its various forms'. It was a development of what in the second half of the eighteenth century was called regimen or management, meaning the manner in which the daily routine of patients in asylums was organised (incidentally also how keepers and doctors should behave towards individual patients) when they were no longer chained to walls or bedsteads or confined in single cells. It was not a new measure but a new attitude and included all the influences which now acted on their senses, feelings and comfort once they had ceased to be treated as sub- or inhuman, as beings without reason and insensitive even to cold, hunger and pain, but were recognised as patients who felt and reacted to all the influences to which the sane react. Moral treatment was 'humane treatment' which replaced the old 'terrific system' – as Samuel Tuke (1813) called it – and made it possible for Conolly to abolish all mechanical restraint. Clearly to regard moral treatment as a forerunner of psychotherapy is to take too narrow and indeed misleading a view of it.

It was no coincidence that the Commissioners discussed the non-restraint system in this connection. While in their 1844 Report they were still somewhat guarded about its feasibility, by 1847 they supported it wholeheartedly as the extract shows and so confirmed that Conolly had conquered informed opinion, while their official approbation further helped to convince others. In 1844 they had stated 'we have . . . constantly directed our attention to procure the abolition of restraint, in all cases in which we have considered its use could be avoided with benefit, and without danger, and to its modification and diminution in those cases in which we have thought it to be still necessary'. Three

years later they reported that 'It is the general testimony of all persons connected with County Asylums, that whenever the use of mechanical restraint has been laid aside, a proportional improvement has been witnessed in the conduct and moral condition of the Patients . . . we look forward to its abolition'.

And while the victory of the non-restraint system creates a twentieth century atmosphere, the list of empirical physical treatments used in the same asylums blows the cold wind of centuries past. The superintendent of the Kent Asylum for instance used 'In cases of Mania . . . Local depletion and counter-irritants, viz. cuppings, setons, leeching, blistering to the temples and nape of the neck . . . At the same time aperients, alteratives, directed to the alimentary canal . . . with sometimes tonics, diffusible stimuli . . . cold bathing, the douche to the head'. No Conolly rescued the insane from these – time either brought them to oblivion or they were replaced by others.

MORAL TREATMENT AND NON-RESTRAINT

The moral treatment of Insanity, was not one of the subjects included in the heads of inquiry sent by us to the Superintendents of Lunatic Asylums. We have, however, obtained information on the several particulars connected with this subject by other means, principally during our personal visits of inspection to the various establishments. An account of the moral treatment pursued in each Asylum involves a multitude of particulars, connected with the general system of its management, which it is impossible to detail fully in this Report. They constitute, however, so important a part of the resources which are available for the cure or relief of Insanity, that the subject must not be passed over without some general observations . . .

The Moral Treatment of Insanity comprehends all those means which, by operating on the feelings and habits, exert a salutary influence, and tend to restore them to a sound and natural state. A great many particulars, as we have observed, are comprehended under this head; and we can only notice in a brief and cursory manner, in this place, the principal points in regard to which the different Asylums have been improved, or still require amelioration. One important particular connected with moral treatment has been already adverted to in this report. We allude to the methods adopted for restraining the violence of excited Patients, and preventing the injurious consequences which would otherwise arise to themselves or others. We have endeavoured to show how far the Commissioners have been enabled to induce the substitution of mild and gentle treatment in place of the old method of mechanical coercion. In several of the County Asylums and Hospitals, the adoption of a more gentle method of management was originally designed, in the erection of these establishments, and was the result of public opinion, and of the example set by the managers of the Retreat near York. (A strong impression was made on the feelings and opinion of the public in reference to the

treatment of Lunatics, by the publication of Mr. Tuke's account of the Retreat at York. The able writings of Dr. Conolly have of late years contributed greatly to strengthen that impression, and to bring about a much more humane treatment of Lunatics in many Provincial Asylums than that which formerly prevailed.) But in many of the private Asylums, and more especially in those which receive great numbers of Pauper Patients, much mechanical coercion was practised, until it came to be in great measure laid aside in consequence of the repeated advice and interference of the Commissioners. Private Licensed Houses have been hitherto, in many instances, imperfectly provided with the means of classification, and of separating the turbulent and refractory Patients from the quiet and convalescent; and in these establishments, it has been thought impracticable to avoid the occasional use of mechanical coercion without incurring the risk of serious accidents. Under these circumstances, restraint of a mild kind is still practised; but we look forward to its abolition, except perhaps in some extraordinary cases, so far as Pauper Patients are concerned, when the provisions of the Act for the establishment of County Asylums shall have been carried into effect. In the best conducted County Asylums, it is now seldom (and in a few Establishments never) resorted to. In many of them, the application of any method of bodily coercion by mechanical means is so seldom practised, that the disuse may be considered as equivalent to a total abolition. It is observed, in the Report of the Medical Officer of the Lancaster County Lunatic Asylum for 1845, that 'among the most important changes introduced, has been that of a gradual diminution of the use of instruments of restraint. During the last four years and a half only one Patient has been so treated, and that merely for the space of five hours.' This is the more remarkable, as the Asylum is crowded, and want of space has been a frequent subject of complaint. The average number has been lately above six hundred patients. The Reports of the Commissioners show that tranquillity and orderly conduct are remarkable in this establishment, notwithstanding the abolition of restraint, and it appears that no case of suicide has occurred for several years, though the propensity has been indicated, as elsewhere, in great numbers of the inmates. It is the general testimony of all persons connected with County Asylums, that whenever the use of mechanical restraint has been laid aside, a proportional improvement has been witnessed in the conduct and moral condition of the Patients, and in the tranquillity and comfort of whole establishments. We have often seen Patients, who had been ten or even twenty years subjected to almost perpetual restraint under the plea that their indomitable violence rendered it necessary to keep them in bonds, walking about without any such confinement in the wards or airing-grounds of an Asylum, perfectly tranquil and harmless among the other inmates. In the County Asylums, and in many of the Licensed Houses, mechanical coercion is no longer regarded as affording the only method or the most effectual resource for

reducing maniacal excitement. Violent maniacs are generally placed for a time in solitary rooms or closets; and it has been generally found that their excitement subsides much more quickly under such seclusion than when they are confined by strait waistcoats. It is chiefly in the cases of Patients who pertinaciously attempt to injure their own bodies by tearing or biting their flesh, scratching out their eyes, &c . . . that mechanical means of coercion are still occasionally adopted . . .

There is nothing more important in the moral treatment of the Insane than the proper use of means which contribute to their employment, both mental and bodily, and tend to withdraw their attention from thoughts and feelings connected with their disordered state. The provision made for the attainment of these objects in the different Asylums is invariably matter of inquiry at the visitations made by us to these houses . . .

But there is reason to apprehend that the attention of medical men has been of late years too exclusively devoted to what is termed Moral Treatment, to the neglect, in some instances, of the resources of medicine. They appear occasionally to have lost sight of the fact that Insanity never exists without a physical cause, namely, some disturbance of the functions of the brain; disorders of the mind being only the result of some temporary or permanent derangement of the organism, by means of which all mental operations are carried on; whence it seems to follow that physical agents ought to be resorted to in the first instance, as the means of restoring the healthy and natural state . . . Experience, as we might collect from the replies which we have received, if no other means of information existed, has fully confirmed the truth of this fundamental principle. It may, indeed, be observed that, in general, the number of recoveries from Insanity is found to be in proportion to the degrees in which the curative resources above alluded to have been employed. Under the old system of keeping Patients bound hand and foot, in cells often dark, loathsome, and disgusting, and feeding them with coarse and unwholesome diet, the result was an accumulation of chronic cases, and a frightful aggravation of human misery. The present humane method of treating the Insane, and the provision made, at the public cost, for Pauper Lunatics, of Asylums furnished with every resource for promoting health and comfort, exhibit, in a striking point of view, the intelligence of the age; and while they promise to diminish the numbers of the permanently Insane, cannot fail to alleviate, in a great degree, the sufferings of that most afflicted class of human beings.

EDWARD JAMES SEYMOUR (1796–1866)

MA, MD Cantab., FRCP, FRS, physician to St George's Hospital, to the Seamen's Hospital, Greenwich and HRH the Duke of Sussex; Metropolitan Commissioner in Lunacy, 1830–8

Thoughts on the nature and treatment of several severe diseases of the human body, 1847 *London, Longman* et al. Vol. 1 (all published), pp. 214-24

An important repercussion of George III's mental breakdown was that it became not only respectable but indeed necessary for fashionable doctors to be acquainted with the management of mental illness. The leader of this trend was 'the late Sir Henry Halford . . . a general physician' who attended George III in his final illness from 1810 to his death and who was later 'extensively consulted on this disease'. There followed through the nineteenth century a line of eminent medical men distinguished not only in medicine but who without being directly connected with asylums contributed materially to psychiatry proper, especially by their observations on the milder forms of mental disturbance – the hysterics and hypochondriacs of old, the neurotics of today; on domiciliary or 'domestic management of insanity' from which it was learnt that sometimes insanity was curable without ever sending the patient to an asylum; and on supervising patients returned to their homes partially or fully recovered – today called after-care – which showed that return to normal life could at times achieve more in promoting recovery than prolonged stay in an institution. Their experiences therefore supplemented that of asylum doctors who dealt only with the severely disturbed and grossly alienated. This division of psychiatric 'material' later split psychiatrists themselves into two groups and the process of fusion into one comprehensive view of the subject is not even today accomplished.

One of these general physicians with a special interest in the insane was Seymour who became a Metropolitan Commissioner in Lunacy under the Act of 1828, and chose as the subject of his Croonian Lectures, 1831 *Observations on the medical treatment of insanity* published in 1832. After his retirement from St George's Hospital he brought out in deference to the wishes of 'many of my friends and pupils . . . observations on disease, derived from public and private practice, principally in reference to the cure', with a chapter 'On Mental Derangement' making up a quarter of the book. From it are quoted Seymour's plea that medical men should not, whether through indolence or ignorance, leave their mentally ill patients to 'gentlemen who make it their exclusive study' but should first endeavour to treat such patients in their own homes; his arguments in favour of enforcing 'a systematic course of visitation by friends' for all patients in asylums which he considered of the greatest value in expediting recovery; and finally his suggestion that patients should be returned home from asylums even when not fully recovered, since he had seen several restored 'by

being removed home, even when the degree of relief in an asylum has been doubtful' and in some had no doubt 'that their restoration to reason' resulted directly 'from their restoration to society'. Seymour's three propositions foreshadowed the present-day stress on the need for more and better out-patient facilities, the realisation of the harmful effect on patients of social isolation in mental hospitals, and the tendency to return them to their environment at the earliest opportunity when socially intolerable symptoms subside.

HOME CARE

In speaking of the treatment of persons labouring under mental derangement, it is impossible not to speak of the asylums open to those whose afflictions require they should be removed from their family. That such establishments are essentially necessary no doubt can exist. I will take one or two examples from nature, of the necessity for such establishments.

Example I. – A widow lady, of the highest respectability, with a small income, came to London with a daughter affected by mental derangement. An attendant was placed about the patient, with strict injunctions not to lose sight of her for a moment, because the tendency of her disease was to suicide. Notwithstanding every care, a momentary absence of the nurse occurred, and though the family were warned of the danger from suicide, the patient threw herself out of the window, was much bruised, but brought home alive. What was to be done? The finances of the mother prevented the possibility of her being kept in lodgings with nurses – to remain at home was impossible. She was removed to an asylum, where great care restored her bodily, and in a few months her mental health. Here is an example of the necessity of such institutions. Life would have been extinct without the power of resorting to such a means of cure . . .

As the confinement of persons in private houses, from its great expense, must be a rare occurrence, I cannot help offering some 'Thoughts' on the asylums most necessary and most useful, if properly cared for. I must, however, in common justice, premise that during my period of duty as a Commissioner of Lunacy, I never witnessed one case of *cruelty* . . . When wishing for alterations in many respects, I am bound to say this much in favour of such establishments . . . 1st, then, it has become a system, partly from tradition, partly from usage, no physician taking it up, that no one can recover except when removed from his family. 2d. That it is not only desirable, but necessary, that the patient should not see his friends, except on visits very few and far between, during his confinement. 3d. An extreme disinclination to let the patient have a trial; that is, to be removed home.

Let us examine the first objection. I can assert from my own knowledge that this mode of proceeding is common. I have seen many cases myself which would have been sent from home, unless further medical assistance had been sought, and whose health was restored without such a measure within a few weeks. Something is to be attributed to the indisposition to

undertake a difficult and unmanageable case by men actively engaged in the profession. They answer, 'really this is a case I am not accustomed to; you must send to one of those gentlemen who make it their exclusive study'. Now, this is precisely what I think to be erroneous: it is because they make it their exclusive study, that I think they are less good judges than they otherwise would be of the *cure* of such cases. I think no one should be sent to one of these asylums until it has been ascertained that medical means properly directed will not restore the health; and this is the more necessary inasmuch as by far the greater proportion of asylums for persons who cannot pay for long continued attendance, and hence have not the chance of early recovery, are kept by persons wholly ignorant of medicine or of pathology in any form. It is true they are overlooked by the Commissioners, and when the patients exceed a certain number they must be visited periodically by a medical man, but these visits never relate to the endeavour to *cure the disease*; simply to note the aberrations of violence, or the deviations from general health. It has occurred to me to see several cases already recommended on these principles to asylums, who have recovered without such a measure. I do not in the least doubt the necessity in many cases; what I dispute is the general rule and its application, – the result of the supineness, and I grieve to say, the indolence of many medical men, who will neither learn nor appear to be ignorant, and between the two consign the patient to an abode, where he will be kindly treated, but where no thought of cure enters the idea of those about him, – I mean systematic treatment for cure. How easily, when such views are abandoned, apathy as to recovery takes their place.

VISITING IN ASYLUMS

On the second point, the visits of friends, I have a still stronger *opinion*... When first a patient is placed in a lunatic asylum, the friends are solicitous to see him – at the period, in fact, when these visits are the least likely to be useful; a few weeks elapse, he is no better; the visits discontinue, after a time disappear altogether. Then time takes this affair into his own hand; the early affectionate and solicitous die, – a new generation succeeds. It is whispered *they have a relation*; but no relation, or a very old one, has ever seen him. 'Yes, my dear, your mother or uncle (as the case may be) used to go, but it did no good, and was so distressing that he gave it up'. And thus, after some years, and in extreme cases, I have known persons who had never seen friends or relations for many many years . . . Affection lasts some time after the beloved is in a legal grave, but when told that harm comes from the visits, injury from affection, and great pain is felt from seeing the destruction of intellect in one beloved, the mind settles down to the necessity of not visiting. 'They told me not'. To illustrate this, I may quote the best medical opinion for many years, as it came from a general physician, who was very extensively consulted on this disease,

the late Sir Henry Halford. When asked upon the Committee of the House of Commons, in 1814 [actually 1816 & 1828], whether he could suggest any great improvement in the treatment of lunatics, he replied, 'The greatest advantage would be derived in obliging the friends of the lunatics to *visit*'. Perhaps this influenced the opinion of those who brought in the New Lunatic Act, in the reign of George IV (1828). By this act any one who authorised the confinement of a lunatic was obliged to visit him either personally, or by any *other person appointed under his hand and seal, once in every three months*: no great hardship, it would seem; but such is the superstition of this country, that to be allied to a lunatic is a disgrace – the alliance not a disgrace, but the discovery of it – that on the renewal of this act, this clause, so trifling an approach in its effect to real good, *was expunged in the House of Lords*. Much has been done by legislation, much by the influence of the Commissioners, who work with great zeal and humanity: but I feel convinced nothing can ever be of the use which would ensue from a systematic course of visitation by friends. Of course there are exceptions to every rule, and I freely acknowledge there may be cases where the visits of friends, especially at the commencement of the malady, aggravate the evil. Such a stage is very short, and, moreover, when such a state exists, the visit must only be of a few minutes' duration.

DISCHARGE ON TRIAL

On the third point, the permitting patients in a state of convalesence to have a trial, I feel satisfied that many patients, whose homes offer a fair hope of care, would recover, and have recovered, by being removed home, even when the degree of relief in an asylum has been doubtful. I have seen several cases in which such a change has had the most beneficial effect – cases considered doubtful, of men who have since conducted themselves with propriety, and in some few in which I felt satisfied that their restoration to reason was the undoubted result of the restoration to society. I feel all the difficulty. A patient long removed from home, seeing his or her family only occasionally or rarely, returns under the greatest disadvantage . . . In other cases the return home is met by all the difficulty of families . . . absence without the usual interest has slackened the tie, while increasing cares have rendered such a course of relief (the reception of a recovering lunatic) impossible . . . These considerations are rendered more important by reflecting that scarcely any duration of insanity absolutely precludes the restoration to health. I saw a case of a French gentleman who recovered at the age of seventy-six, after a confinement of fourteen years' duration. He was restored to liberty, went home, and died two years afterwards, of the natural effects of old age. Another case recovered after nineteen years' confinement . . . These, and several similar cases, have occurred under my observation. They did not owe their recovery to me, or to the practice on which I have laid so much stress.

THE JOURNAL

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FORBES WINSLOW, M.D.

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FIG. 186 Title-page of the first volume of *The Journal of Psychological Medicine*, 1848, 'a Journal, devoted to the progress of Psychological Science . . . for . . . discussions on all subjects relating to the Physiology and Pathology of the Human Mind'.

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FIG. 187 Page of table of contents from the same.

This journal ran to thirteen volumes 1848–60 and continued another three years as *The Medical Critic and Psychological Journal*, 1861-3 indicating its scope had been enlarged to include 'Articles bearing upon general Medical Politics, Literature, and Science'. The reason for this change was that in November 1853 the 'Association of Medical Officers of Asylums and Hospitals for the Insane' had started their own *Asylum Journal of Mental Science*. 'Our pages'

complained Forbes Winslow understandably (*Journal of Psychological Medicine*, 1853, vol. 6, p. 454) 'have always been open to the communications of the members of the Association, and we have done our utmost to promote its well-being, to advance medio-psychological literature, and to support the interest of those connected with the public asylums of this country. Having embarked a capital of some thousand pounds in establishing this journal, and having, since 1848, stood nearly alone in fighting the battle for the British psychologist, it cannot be otherwise than mortifying that those who have never lifted their little finger to assist us, should, in 1853, attempt to ignore the property of this journal by starting a rival publication'. Sir John Charles Bucknill in an editorial in *The Asylum Journal*, 1855, no. 11, explained that there was no real rivalry between them since 'It will . . . be obvious to the readers of both Journals that our paths do not run parallel for any length. Our journal does not contain a single article which can be truly called *psychological*. Its character is strictly *psychiatric*, and the matters discussed in its pages are restricted to such as have immediate reference to the pathology and therapeutics of insanity, to the construction and management of asylums, and to the diseases, accidents, and difficulties likely to arise therein. We aim not at the discussion of those higher branches of metaphysical science, the able and learned treatment of which has so long distinguished the pages of our contemporary. Our desire is to be collectors of facts, the active practical pioneers in the march of mental science . . .'

There is no doubt that by his journal Forbes Winslow did more than anyone else at this time to popularise the term and concept of 'Psychological Medicine' with all the implications of a recognised medical specialty. It was as he rightly claimed in the last volume published, 'the first periodical work exclusively devoted to the discussion of medico-psychological literature published in this country . . . and responsible for much of the increased interest that has been awakened in all medico-psychological questions (evinced by the establishment of a Professorship of Psychological Medicine, and the publication within the last ten years of numerous works on the subject of psychology in relation to the science and practice of medicine)' (*The Medical Critic and Psychological Journal*, 1863). For ten years he had edited it alone and only from 1858 employed a sub-editor John Netten Radcliffe (1826–1884), epidemiologist and medical superintendent of the National Hospital for Nervous Diseases, Queen Square, 1863–9.

Twelve years later Winslow's son Lyttleton Stewart Forbes Winslow, MB Cantab., MRCP, founder of and physician to the British Hospital for Mental Disorders, physician to the West End Hospital for Nervous Diseases and lecturer on insanity, Charing Cross Hospital, revived the journal under its original title and it had another run from 1875-1883. Opening with an 'In Memoriam' to his father he revealed that his remarkable and undoubted 'literary capacity and singular ability' as an editor and writer was a family gift cultivated by years of reporting for *The Times* the meetings of the House of Commons (*The Journal of Psychological Medicine*, 1875, *NS*, vol. 1).

SAMUEL GRIDLEY HOWE (1801–1876)

MD Harvard, social reformer, teacher of the blind and deaf, founder of the Massachusetts School for Idiotic and Feeble-minded Youth

On the causes of idiocy; being the supplement to a report by Dr S. G. Howe and the other Commissioners appointed by the Governor of Massachusetts to inquire into the condition of the idiots of the Commonwealth, dated February 26, 1848, 1858 *Edinburgh, Maclachlan & Stewart* (pp. xvi+79) pp. 7, 39-40, 43-4

In 1846 the Legislature of Massachusetts appointed three Commissioners led by Dr Howe 'to inquire into the condition of the idiots of the Commonwealth, to ascertain their number, and whether anything can be done in their behalf'. Howe was already well known as an educator of the blind and as a man 'ever ready to act when a great philanthropic object is in view'. He had the leading hand in conducting the inquiry and preparing their Reports, the first of which was presented in 1847 and the major one in 1848. The Commissioners estimated the total number of idiots in the State of Massachusetts at between twelve and fifteen hundred: of these 'Over four hundred . . . have been minutely inspected by us personally, or by an agent upon whom we can rely. Upon the bodily and mental condition of these will be based our remarks and conclusions'. They noted deformities and physical habitus, took many measurements including those of the head in various dimensions, obtained detailed family histories paying special regard to parents' health mental and physical, drunkenness, whether related and the 'number of cases of idiocy or insanity among near relatives'. In addition to this large series of mental defectives studied physically and socially, Howe also graded them for purposes of comparison 'with respect to *certain mental qualities*', though he apologised 'it may seem preposterous' – so novel was the attempt. His 'psychological estimate' was based on testing a number of specific abilities and behavioural characteristics such a 'tactile sensibility', 'sensibility to musical sounds', 'consumption of food', 'manifestation of amative feelings' and 'degree of ability to support themselves'; and, on general 'faculties' such as 'perceptive' and 'reflective skill', 'self-preservation', 'social attachments' and 'moral sentiments'. 'Temperament' whether sanguine, nervous, fibrous (otherwise bilious) and lymphatic was also assessed although Howe recognised the large observer error involved. For each of these, patients were given marks from 0 to 10 and the material presented in extensive tables.

These were the early attempts to 'measure' and grade personality and intelligence, a field which has expanded so much this century. Quoted here are Howe's distinctions of idiocy into three grades, some of his general observations on the tables and his remarks on the columns 'Skill in the Use of Language' and 'Ability to Count'. (It is interesting that the Edinburgh edition quoted here was

'printed at the expense of the Trustees of the late William Ramsay Henderson' who left the residue of his property 'for the advancement and diffusion of the Science of Phrenology'; the foundation dates from 1832 and still supports psychiatric publications and since 1924 lectures.)

While Howe was conducting his investigations there was established in England the first public asylum for the mentally subnormal – which Defoe had suggested one hundred and fifty years earlier – by the initiative of a '*Mrs. Plumbe*, of London' and the efforts of Andrew Reed (1787–1862), hon. DD Yale, independent minister and philanthropist (responsible also for founding other famous charities like the London Orphan Asylum and the Royal Hospital for Incurables) with the expert assistance of John Conolly. Founded in October 1847 it opened in April the following year at Park House, Highgate; in 1850 a branch was opened at Essex Hall, Colchester (which in 1859 was officially taken over and became the Royal Eastern Counties Asylum); and in 1852 was purchased the Earlswood estate in Surrey on which was built the first specially constructed 'Asylum for Idiots' which opened 1855 and is still in operation.

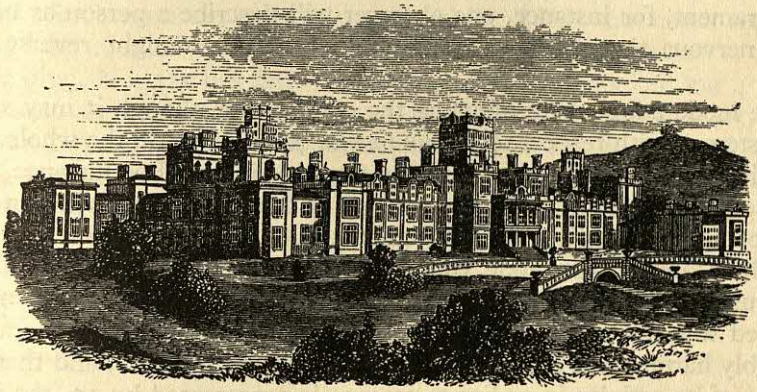


FIG. 188 'The Asylum for Idiots, Earlswood', opened 1855. Frontispiece from *The Hive; or, mental gatherings*, 1857, a miscellany of prose and verse published 'For the benefit of the Idiot and his Institution'.

In its early years Conolly and W. J. Little (of Little's disease) acted gratuitously as physicians to the charity which 'Mr. Seguin and Dr. Howe' visited in 1850 to obtain first hand information of the management of the new establishment (*Memoirs of the life and philanthropic labours of Andrew Reed*, 1863, edited by A. & C. Reed).

GRADING OF IDIOTS

Idiots of the lowest class are mere organisms, masses of flesh and bone in human shape, in which the brain and nervous system has no command over the system of voluntary muscles; and which consequently are without power of locomotion, without speech, without any manifestation of intellectual or affective faculties.

Fools are a higher class of idiots, in whom the brain and nervous system are so far developed as to give partial command of the voluntary muscles;

who have consequently considerable power of locomotion and animal action; partial development of the effective and intellectual faculties, but only the faintest glimmer of reason, and very imperfect speech.

Simpletons are the highest class of idiots, in whom the harmony between the nervous and muscular system is nearly perfect; who consequently have normal powers of locomotion and animal action; considerable activity of the perceptive and affective faculties; and reason enough for their simple individual guidance, but not enough for their social relations.

The physical and mental condition of idiotic persons

The object . . . is to furnish data for a comparison between idiots and ordinary persons, in certain respects. Some of the columns furnish positive information which can be relied upon, as age, dimensions, &c. Others furnish only the means of approximating to the truth. In judging of the temperament, for instance, one observer will describe a person as being more nervous than fibrous, while another observer might reverse the order.

The mode adopted for showing the comparison, though it may seem preposterous with respect to *certain mental qualities*, is, on the whole, the best that could be thought of by the Commissioners. For instance, – it may seem idle to talk about the activity of the moral sentiments in one man being as 5, while in another man it is 6, or 4, or 10. But it is not seen how any better mode could be found, without printing all the particulars of each case, which would make a voluminous work. The mode adopted was this: Assuming there is a moral sense, resulting from the tolerably harmonious action of the various mental faculties, and that the degree of its activity in ordinary persons is represented by 10, the idiot is examined, and, if he has no sense of property, no idea of right, no benevolence, no affection or regard for anybody, he is marked, 0. If he has some faint idea of property, he is marked 1; if he has affections, 2; if he manifests the rudiments of veneration, by respect for others, 4, or 5, &c. Some are marked higher than ordinary individuals, and this may seem still more idle, since a great activity of the moral sense implies intelligence of uncommon order; nevertheless, as, in these persons, the disposition to venerate and obey elders or superiors, to respect property, to feel pity, and show affection, are more apparent than in ordinary persons of *their age and condition of life*, they are marked higher in the moral sense.

It matters not whether the psychological estimate here made of moral sense be correct or not, so that the reader knows what mental qualities were referred to in making up the table. It will be seen that, to obtain information which would enable one even to approximate to a correct estimate of character, each idiot must be examined personally and closely, and a great variety of questions put to those who have the care of him; and this was done. Whenever the measurements of the cranium are given,

they may be depended upon as accurate, having been carefully taken with a cephalometer . . .

Skill in the Use of Language. – As a general rule, this is the surest test of the degree of intelligence. It is not the amount of *talking*, but the number and variety of words at their command, that must be considered. Some who are garrulous to the last degree, chattering all the time, and repeating over and over all day long the few words and phrases they know, are, nevertheless, marked very low in this column; while others, who talk much less, are marked higher, because they have knowledge of a much greater number of words . . .

Ability to Count. – There is very great difference in this respect; but the degree of ability is not at all indicative of the degree of intelligence. Those marked 0 cannot count at all; if they have three apples, and you abstract one slily, they do not perceive the loss. Some will miss one apple out of a heap of three or four, but will not miss one if taken from a heap of five or six. Such cases are marked 2 or 3; while, if they can count ten, they would be marked 4. Sometimes they have great quickness at simple reckoning. No. 225 has little use of language; he is marked but 4 in that column; his intellect is very limited; he is, to all intents, an idiot; yet he has an astonishing power of reckoning. Tell him your age, and he will, in a very short time, give you the number of minutes. He is marked 18; he should, perhaps, have been marked higher. The average is as 3 to 10.

WALTER JOHNSON (1824–1913)

MB Lond., medical tutor, Guy's Hospital; later medical practitioner at Malvernbury, Worcestershire, and London

An essay on the diseases of young women, 1849 *London, Simpkin, Marshall* pp. 237-40, 247-8, 251, 253

The rational approach to disease by scientific study and observation of signs, symptoms and natural history which developed in medicine in the nineteenth century, showed itself also in the new attitude of physicians to those nervous disorders for which emotional factors were believed to be responsible. Previously all diseases had been 'physicked' indiscriminately and alike, but now the greater emphasis on diagnosis and understanding of the disease process led to the tendency not to interfere unnecessarily and blindly. A less active, more expectant attitude had of course been preached before by enlightened men like Peter Shaw (1724). Sir William Gull, Johnson's senior at Guy's and predecessor as medical tutor, exemplified this new spirit: 'The road to medical knowledge' he taught 'is through the pathological museum, and not through the apothecary's shop'. (To illustrate the futility and often harm of empirical treatments he advocated mint water for rheumatic fever intending to demonstrate that no medicine at all achieved equally good results and in any case did no harm. However such was the therapeutic climate that by some his message was not understood and the inert mint water itself mistaken for a treatment.) At the same time there grew an awareness of the need for psychological understanding and treatment of milder mental disorders presenting with aches and pains and dysfunctions classed as hysterical and seen like today by physicians and surgeons [see Brodie 1837] rather than psychiatrists. This situation was well described later by Sir Samuel Wilks, Johnson's contemporary at Guy's (qualified in the same year 1847). In the second edition of his *Lectures on diseases of the nervous system*, 1883 occurs the passage: 'Dr. Wilks said he could not speak too strongly in denunciation of the old fashion, the plan of treating hysteria by physic instead of moral means, a plan which was known to be useless, and was yet followed as a matter of routine. He had, he said, often reflected with surprise upon a remark made by so intelligent a man as the late Dr. James Johnson, who, when called to visit a girl who had been drenched with gallons of physic, inquired if every "stinking thing" in the Pharmacopoeia had been given her, and when answered in the affirmative, declared he could do no more'. And again: 'A young lady keeps her bed for two or three years for an affection of the hip, and is seen by all the leading men in London. One day the clergyman walks in, prays over her, and she gets up and walks. The case is reported in all the religious journals as a miracle, whereupon the doctors all join in declaring that the case was one of hysteria, and that there was nothing the matter with her.

Then, I would ask, why was that girl subjected to local treatment and to the infliction of physic every day for years? Why did not the doctors do what the parson did?'

Walter Johnson took particular interest in the 'problems . . . presented to us by Young Women' by which he meant especially psychological ones. By them, he wrote, 'the physician . . . frequently finds himself utterly baffled . . . everything about the patient is calculated to delude him; and, accordingly, it very frequently happens that grave errors are committed. Hence hysteria has been called the mocking-bird of nosology'. In order to remedy this he collected together 'a variety of cases . . . to form a basis upon which . . . a comprehensive theory may be constructed'. His observations ranged through a large field of minor nervous disorders including so-called psychosomatic disorders and the epilepsies. His interesting and unusual book contains a lively satirical characterisation of the physician with his 'medical armoury' attacking 'the enemy, as he terms the disease . . . according to the laws of the medical duello', as if every bane had its balm and every poison its antidote. This is quoted here with his plea that the physician 'look into the patient's mind' as well as his 'physical frame'. The challenge 'Canst thou administer to a mind diseased?' Johnson answered firmly by stating that the physician should be able to although it was 'an arduous enterprise'. Indeed he likened it in the manner of some modern psychotherapeutic schools to an attempt 'to re-educate an ill-educated mind'.

THE SOLDIER-PHYSICIAN AND HIS WEAPONS

In the present chapter it is my design to notice what appears to me the rational mode of treating the two diseases, or rather the two varieties of one disease – chlorosis and hysteria. Without doubt, in perusing the foregoing register of cases the reader has been struck with the singular inefficiency of the treatment employed. He has remarked the fact that whenever a patient has been bled she has become worse – whenever she has taken mercury she has become worse. He has observed also that other drugs, among which have been enumerated strychnia, quinine, arsenic, purgatives, &c., have failed entirely to ameliorate her condition; and therefore, I presume, he has felt considerable surprise in meeting with these words which so frequently occur in the narration of apparently utterly hopeless cases, 'the patient, however, ultimately recovered.' Spontaneously the question rises to one's lips, 'what if the patient had swallowed *no* physic? What if one had never undertaken the apparently futile task of curing the disease? What if one had confided more in Nature and less in knowledge? Would the result have been less happy? Is it not possible, on the contrary, that the cure would have been effected at a much earlier period?' . . .

Many a grievous error would have been avoided, had this maxim properly impressed the minds of all who approach the sick. It is not the duty of the physician, immediately that he has detected the name and nature of a disease, to repair to his medical armoury, and girding him with his favorite weapon, attack, 'tierce and carte,' according to the

laws of the medical duello, the enemy, as he terms the disease. Most ridiculous indeed, and not unmischievous, are the figurative expressions which we so commonly hear. The lecturer on medicine exhorts the pupil to lose no time in *combating* the disease. The instant the malady shows itself, *aux armes!* is the cry – we rush to the encounter; driven back at the first attack, we retire, but scorn to yield, – 'Once more into the breach, dear friends, once more;' and flourishing our weapons, we precipitate ourselves a second time upon the foe. A friend of mine, since dead, told me that, labouring under an *attack* of jaundice, he consulted an Oxfordshire physician of local celebrity. 'Go home,' said the physician, 'get to bed, and I will come and fire away at you.' In fact he did fire away at him; but his musket, mercury, being indiscreetly handled, did more mischief to the patient than the disease.

A gentleman, who had just seen a patient ordered his assistant to compound a mixture. 'Put into it,' said he, 'a little opium, a little arsenic, a little prussic acid, a little strychnia, and a little quinine. These,' he continued, smiling, 'I call my great guns, and it will be hard indeed if they all miss fire.' Thus, it appears, that all this artillery-talk is not mere flourish of metaphor, but has a very evil influence upon actual practice. Disease is considered an enemy; drugs are held to be weapons, as it were, and physicians are the soldiers who are to wield these weapons for the defence of their compatriots. Hence the sole reliance of the soldier-physician is in his weapon, his drug, which he grasps on the first signal, and never abandons, as long as he perceives a glimpse of victory.

I now approach a part of the subject, which I conceive to be of great importance, and I approach it with considerable anxiety: for it has never received the attention which I think it claims, and I am fearful that I may not sufficiently clearly or sufficiently convincingly develop my idea. One hears so little spoken among medical authorities of the moral treatment of disease, that it almost seems as though they considered such treatment far remote from their province. Surely that is not the case. Surely we cannot imagine that a physician's work is accomplished when he has felt his patient's pulse and seen his tongue. No, nor is it completed when he has sounded his chest and manipulated his abdomen, and examined his secretions.

There is yet an important matter to investigate, far more difficult indeed to approach, and satisfactorily to elucidate, but not on that account to be omitted. We have to look into the patient's mind. There, when we have in vain scrutinised the physical frame, we may frequently discover the cause of the malady by which he is devoured. We may find him the victim of a mental cancer, and perceive that it is that inscrutable sympathy between mind and matter which wastes his frame, and gives that haggard expression to his countenance. Having made this discovery, are we to

turn on our heel, muttering the trite quotation 'Canst thou administer to a mind diseased?' and so abandon the sufferer? This course, I think, our duty clearly forbids, more especially in the class of cases of which I am especially treating. In a great multitude of cases, hysterical and chlorotic affections originate from excitement of the mind, from overwrought emotion . . . cases of hysteria also, which are but one degree below insanity, and which usually originate also in some great convulsion of the mind, are not to be successfully treated by a mere routine administration of remedies . . . Remembering that almost ever the disease originates in a preponderance of the impulsive over the reflective faculties, our task appears to be to restore this lost equilibrium. This, in fact, is an arduous enterprise: it involves the attempt to re-educate an ill-educated mind; to weed from it that false philosophy in which it has been entangled; to implant clear and just ideas of life and of duty; to elevate and purify the soul. Now, to effect this grand object, it is needless to point out, that a mere series of moral admonitions, come they from whom they may, or abstract disquisitions on the 'whole duty of woman', are quite unserviceable, and even calculated to disgust those whom they are intended to benefit. It is evident also that the first point which must be gained by any one who imposes on himself the task of healing the afflicted mind – the first point and the most difficult – is to acquire the esteem and affection of the patient. Unless this first step be satisfactorily made, all is hopeless; but this step once made, the onward path becomes less thorny. The benevolent mentor has then to study the mental peculiarities of his scholar, and shape his course accordingly.

ISAAC RAY (1807–1881)

MD Harvard, medical superintendent State Hospital for the Insane, Augusta, Maine 1841–5, and Butler Hospital, Providence, Rhode Island 1847–67; founder member of the Association of Medical Superintendents of American Institutions for the Insane and President 1855–9

Statistics of insanity. Reprinted from the *American Journal of Insanity*, 1849, vol. 6, in: *Contributions to mental pathology*, 1873 *Boston, Little, Brown* pp. 66-96

Ray is best known for *A treatise on the medical jurisprudence of insanity*, 1838 (Boston), the first systematic work on a psychiatric subject by an American author since Rush's *Medical inquiries . . . upon the diseases of the mind*, 1812, a valuable survey of 500 pages written before he had started his psychiatric career proper. It was reprinted at London and Edinburgh the year after it came out, reached a fifth edition in 1871 and exerted considerable influence on American courts and laws. In 1873 Ray gathered in one volume 'from a much larger number of contributions to the literature of insanity' twenty-three articles on aspects which for a variety of reasons had become 'peculiarly interesting' since they were written. From this has been chosen his critical observations on the use of statistics in the investigation of the causes, course, forms and treatment of insanity. 'In no department of medical inquiry' wrote Ray in the notes prefixed to the reprint of the original article, 'has there been manifested so little of the truly scientific spirit as in the statistics of insanity. The plainest rules of philosophical investigation have been disregarded, things have been associated having no necessary relation, and conclusions have been drawn that had but an indifferent foundation in facts'. In the original he wrote 'It is a common saying that figures will not lie; but it is very certain that in the hands of the ignorant, the careless, the undiscriminating they may become most potent instruments of falsehoods . . . statistics implies something more than a process in arithmetic. It is, or should be a profound, philosophical analysis of materials carefully and copiously collected, and chosen with an enlightened confidence in their fitness for the purpose in question'.

He went on to point out and discuss at length the two fundamental weaknesses of psychiatric statistics: first that they depended largely on subjective impressions rather than on objective facts; second that there was not even a uniform nomenclature by which clinical information could be communicated. 'Their total want of precision and uniformity in the use of language, now justly deemed essential in every scientific inquiry really worthy of the name, is not one of the least serious of these defects. The most remarkable step ever made in the pursuit of science – one which marks the transition from idle and anile speculation on the one hand, to sure and valuable acquisitions on the other –

was the adoption of a language the terms of which are so precise and well defined as to convey the same idea to every mind, in every time and every land. In the department of inquiry we are now considering . . . such a nomenclature is equally essential to progress' – but unfortunately exists almost as little today as it did then.

'The first mistake consisted in ignoring the distinction between matters of fact and matters of opinion, and in deeming the one as proper a subject of statistical record as the other', a criticism he applied equally to studies of the cause, duration, and type of insanity as to response to treatment and recovery. For instance 'many of the emotions and incidents that are set down as causes of insanity, such as "fear of poverty", "religious doubts", "anxiety", &c., would often be more justly regarded as its effects. They are the first symptoms that arrest the attention; and, by means of that common disposition to confound the *post hoc* with the *propter hoc*, they are placed in the relation of cause to the subsequent aberration'. He also pointed out that the information obtained about patients at one or two interviews which forms the basis of investigations of large series of cases may be grossly misleading: 'To regard the narratives we usually receive with our patients as sufficient authority for a scientific fact, would almost indicate insanity in ourselves. Not that they are invariably false and unreliable, but that we are generally without the means of knowing when they are and when they are not so. We all know . . . how seldom the account we first receive of a patient is entirely confirmed by those we subsequently obtain, and how often, in consequence, we are obliged to modify our first decision'.

However, the greatest difficulties arise in the assessment of therapeutic results and not only owing to the subjective factor, the observer-error, involved but also because of the lack of knowledge of the natural history of the illness in a given case: 'The large class of periodical and paroxysmal cases present insuperable difficulties to every attempt to bring them under any general rule. The question of their origin is complicated with that of their recovery, and we are under the same kind of embarrassment in deciding upon the former that we experience with regard to the latter'. For instance a patient 'subject to paroxysms of high excitement . . . is placed in a hospital where the excitement passes off and he is discharged . . . In the course of a few weeks or months the excitement returns. Again he is placed in a hospital, again he becomes calm and lucid, and again is allowed to go home. Are we prepared to say that every such admission of this person is a recent case, and every discharge a recovery?' How very different some statistical results would look if such cases were rated as so many failures of treatment instead of as so many cures.

Ray's strictures on the assessment of improvement or recovery are equally pertinent at the present time, perhaps even more so, when so many new drugs are continually placed at the psychiatrist's disposal and because of the endeavour to instil by means of statistics a 'scientific' spirit into the unscrutable subject of psychiatry. 'It is probably because statistical facts have met with too easy a faith' wrote Ray scathingly, 'that conclusions drawn from them have so often been swept away by the subsequent progress of knowledge'.

No subject connected with insanity possesses so deep and general an interest as its curability, and this fact has lead to the universal practice among asylums of reporting the number of their recoveries. The result is supposed, by implication at least, to be a fair measure of the professional skill and other curative influences with which the disease has been combated, and to indicate, with more or less exactness, the general curability of the disease. The question then is, whether these inferences are fairly deducible from the premises. It is admitted that there are various circumstances affecting the results of every large establishment that have no necessary connection with them. To leave these entirely out of view would be taking the first step to unlimited error and confusion, while to estimate exactly their respective influence upon the results would be beyond the reach of human penetration . . . Circumstances like these . . . cannot be expressed in any statistical form: they can only be stated in general terms, and we can obtain only a general impression of their influence upon the result. They do not affect the facts, but only prevent us from drawing certain conclusions which, at first sight, they might seem to warrant. There is a very serious objection, however, lying against the facts themselves.

Statistics can be properly applied only to incidents and events that have an objective existence, for such only are cognizable to all men and admit of neither doubt nor mistake. Just so far as they have a subjective relation to the mind, – are merely matters of opinion, – to that degree they are incapable of being statistically expressed. Thus the event of recovery, limited solely to its objective character, only amounts to a certain degree of improvement. Whether the change is a real cure of disease, or a state where diseased manifestations are absent merely from want of a suitable opportunity for diplaying them, or a temporary intermission of disease governed by that law of periodicity to which nervous affections are closely subjected, – these are questions which every individual will answer by the aid of his own experience and judgment, and consequently with all that diversity which is utterly incompatible with statistical accuracy. The cases are not few which one man would pronounce to be *recoveries*, while another of less sanguine temper, or more knowledge of insanity, would regard them as merely *improvements*. I presume that, as a matter of fact, we are often in doubt respecting the condition of patients discharged from our care, and hesitate long before we decide under what head of our general results they shall be placed. And when we finally make up our mind, is it with that degree of confidence that would embolden us to deny that anybody else could possibly arrive at a different conclusion? What then becomes of the value of such a conclusion considered as a statistical fact?

It is obvious therefore that the question must first be answered, what

degree of restoration can be rightfully called *recovery*. Of course every one answers it for himself as he best can, but statistical accuracy requires that all should answer it alike. It is one of the laws of nervous disease, that it may be suspended or checked for a period varying indefinitely in length, and then, after intervals measured by weeks, or months, or years, be renewed in all its original severity. The intervals may or may not recur with the utmost regularity. They may continue for many months, or appear to be merely a transition state marking the passage of the mind from one paroxysm to another. The restoration may be apparently perfect, or marked by many a trace of disease. Now in regard to extreme cases there will be no diversity of opinion. An interval in which the mind presents its normal condition, and which extends over a period of years, no one would hesitate to call a recovery, while only a week or two of calm would be universally regarded as not entitled to the name. But it is clear that some conventional rule is necessary for determining, among the various intermediate forms and degrees of restoration, what should be reported as recoveries. Now admitting that such a rule might be made, for I would not prescribe limits to human ingenuity and acuteness, there is a more serious difficulty remaining, – that of recognizing the condition or event to which the rule is to be applied. Here would arise a diversity of views springing from diversity of temperament, education, and experience; and no one could be sure that his decision in any particular case is just what others would adopt were it submitted to them. For instance, we might agree to call a lucid interval which continues six months or upward a recovery; but as to the actual fact, whether a lucid interval has really occurred, how are we to prevent conflicting opinions? The truth is, however, that in the present statistics of recovery no conventional rule whatever has been followed. Every individual has decided what should and what should not be called recoveries, just as it seemed good in his own sight . . .

If these objections to the present method of determining the results of hospital treatment have any validity, we should expect to find them varying from one another to a degree that cannot be explained by any of the ordinary causes of diversity. That such is actually the case, I think cannot be fairly denied. I cannot enter into a detailed examination of these results, but a glance at a few of them will answer our purpose. In Dr. Thurnam's book is a table showing the proportion of recoveries to admissions in cases of less than twelve months' duration in eleven different establishments, and they range from about 49 to 82 in the 100. The causes of this diversity may be obvious enough in some instances, but very far from it in others. How can we account for the fact that in the State Lunatic Hospital at Worcester the recoveries in the above-named class of cases have reached to nearly 83 per cent, while in the Retreat at York, England, they fall short of 62? . . .

It has become a frequent though not a general practice, in reports of

insane hospitals, to classify the different forms which the disease has presented, for the purpose, I presume, of showing their comparative curability. Every superintendent adopts that classification which seems good in his own eyes, and consequently no two of them are alike. For instance, in the reports of one institution the disorder is divided into eight classes; in another, it is divided into five; in another, twelve; in another, sixteen. If there were any foundation in nature for all or any of these classes, then their respective curability would be an interesting object of inquiry. But however convenient such distinctions may be sometimes, for indicating the general features of the case, they are not sufficiently well defined and understood to form the basis of a scientific classification. At any rate, until some particular system is generally adopted with its classes and orders accurately defined and distinguished, I do not see how we can be benefited by considering the disease in so many subdivided forms. No one, I apprehend, can be sure that by monomania, melancholia, moral insanity, and many other terms that are used to designate different forms of mental derangement, he understands precisely what his neighbor does, and that there would be no discrepancy between them in referring the same cases to their respective classes. Indeed it could hardly be otherwise; for these terms have never been clearly defined by any well-recognized authority, and consequently, without some preliminary explanations, can convey no accurate ideas to others. Even without these objections, there is another equally fatal to such attempts at classification, and that is the fact that in a large proportion of cases the form of the disease changes in the course of its progress. The same case, at different periods, may present the aspect of melancholia, monomania, and dementia. To which of them is it to be referred?

CHARLES ALEXANDER LOCKHART ROBERTSON (1825–1897)

BM Oxon, MD Cantab. & St Andrews, FRCP Lond. & Edin., medical superintendent, Sussex County Lunatic Asylum, 1859–70; Lord Chancellor's Visitor in Lunacy, 1870–96; President of the Medico-Psychological Association, 1867

Glasgow Royal Asylum for Lunatics. Testimonials in favour of C. Lockhart Robertson, M.D. Fellow of the Royal College of Physicians, Edin.; Army Medical Staff, attached to the Royal Military Lunatic Asylum at Yarmouth; a candidate for the office of Resident Physician and Superintendent, 1849 *Yarmouth, Sloman* (pp. 20) pp. 5-6, 13-4

GLASGOW ROYAL ASYLUM FOR LUNATICS.

TESTIMONIALS

IN FAVOUR OF

C. LOCKHART ROBERTSON, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, EDIN.;
ARMY MEDICAL STAFF, ATTACHED TO THE ROYAL MILITARY LUNATIC ASYLUM AT YARMOUTH;

A

CANDIDATE

FOR THE

OFFICE OF RESIDENT PHYSICIAN AND SUPERINTENDENT OF THE GLASGOW ROYAL LUNATIC ASYLUM.

YARMOUTH:

PRINTED BY C. SLOMAN, KING-STREET.

M DCCC XLIX.

FIG. 189 Title-page of Lockhart Robertson's application for the post of Superintendent of the Glasgow Royal Lunatic Asylum, 1849.

This extract from a printed application for the post of medical superintendent is given because it shows something of the professional affairs of practitioners in lunacy in the nineteenth century. From it is quoted the candidate's 'Letter of Application' and a testimonial in evidence of his 'acquaintance with the subject of mental diseases, and of his fitness to be entrusted with the medical charge of the insane' from Dr (later Sir) James Young Simpson (1811–1870), professor of midwifery at Edinburgh University (who had just introduced chloroform anaesthesia). Among Robertson's other twenty-three 'referees' whose letters he printed were W. A. F. Browne, John Galt, John Kirkman, Sir Alexander Morison, George Robinson, John Thurnam and Forbes Winslow, all of whose names figure in the present volume.

The applicant was the elder brother of D. M. L. Argyll Robertson (1837–1909), ophthalmologist whose name is eponymously attached to the pupillary changes in neurosyphilis. His application was unsuccessful and the following year he retired from the Army, resumed his medical studies at Cambridge, worked in consulting practice in London for a time until 1859 when he rejoined his specialty as first medical superintendent of the Sussex County Lunatic Asylum,

Supplementary Reports.

I. A REPORT ON THE RECENT PROGRESS OF PSYCHOLOGICAL MEDICINE.

BY C. LOCKHART ROBERTSON, M.D.,
Medical Staff, attached to the Royal Military Lunatic Asylum at Yarmouth, &c. &c.

In the following Report our aim has been to present a view of the recent improvements and suggestions made in the department of Psychological Medicine.

This being the first Report on this department of medicine which has been made in the 'Half-yearly Abstract,' we have thought it advisable to devote a section (§ 1) to the consideration of the forms of insanity, the which have been, and still are, variously classified. The simplest of the recent divisions of the subject is that contained in the Report of the Metropolitan Commissioners in Lunacy (1844), and is, therefore, the one which we have adopted throughout this Report.

Otherwise the only rule we have followed has been to sift all the recent writings on the subject, and rejecting false theories and common-place remarks, to present our readers with a summary of the recent adaptations of scientific research to the cure and alleviation of mental disease.

We would take this opportunity of drawing their attention to a recently established periodical, 'The Journal of Psychological Medicine and Mental Pathology,'* "a journal devoted exclusively to the consideration of the human mind in its abnormal state." We have received the first two numbers, which, in our opinion, reflect much credit on Dr. Winslow (the editor) and his coadjutors. The individual articles are, generally speaking, of considerable value in a scientific point of view, and have been written with much care.

We trust, however, in future numbers to see more regard had to the recent writings on this department of medicine contained in the contemporaries of the 'Psychological Journal,' viz. the American, French, and German journals of insanity. But as the Editor, with justice, observes, in the second number, "our readers will undoubtedly make every allowance for the deficiencies perceptible in the early numbers of the 'Journal of Psychological Medicine;' the difficulties inseparably associated with the first attempt made in this country to establish a periodical of this kind have been great."

* No. 1, January 1848; *to be continued quarterly.*

FIG. 190 *Report on the recent progress of psychological medicine by* C. Lockhart Robertson in *The half-yearly abstract of medical sciences*, 1848, vol. 7, edited by W. H. Ranking (London, Churchill) the first psychiatric compilation of the 'recent progress', 'recent advances' or 'abstracts' type of today.

Haywards Heath; from this he resigned in 1870 to become Lord Chancellor's Visitor in Lunacy. He was Secretary of the Medico-Psychological Association 1855–62, editor of its journal with Henry Maudsley 1862–70 and President 1867. With J. C. Bucknill and D. H. Tuke he was one of the most influential supporters of the 'Association for the After-Care of Poor Persons discharged Recovered from Asylums for the Insane' founded in 1879, today the Mental After-Care Association. He contributed frequently to the periodical literature, wrote from 1848 reports on the progress of psychological medicine for W. H. Ranking's *Half-yearly abstract of the medical sciences* – the forerunner of the modern yearbooks [see FIG. 190]; and with James Rutherford published a translation of the second edition of Wilhelm Griesinger's *Mental pathology and therapeutics*, 1867 which was one of the most important works of its time.

APPLICATION FOR THE POST OF MEDICAL SUPERINTENDENT

To the Honorable the Directors of the Glasgow Royal Lunatic Asylum.
Military Lunatic Asylum, Yarmouth, May, 5th, 1849

My Lord and Gentlemen,

I beg leave respectfully to offer myself as a Candidate for the vacant office of Resident Physician and Superintendent in the Glasgow Royal Lunatic Asylum. The grounds on which I venture to solicit your support are: –

FIRST – *I have for several years devoted my entire attention to the care and treatment of the insane.* In September, 1845, I was appointed Resident Medical Officer in the Cumberland County Lunatic Asylum at Dunston Lodge: this charge I resigned in September, 1846, having then been offered by the Director-General of the Army Medical Department, the Assistant-Physicianship to the Royal Military Lunatic Asylum here, which appointment I accepted and still hold. In evidence of the manner in which, in both the Cumberland and in the Royal Military Lunatic Asylums, I have discharged the duties devolving on the Resident Physician and Superintendent, I would respectfully call your attention to Section I. of the accompanying Testimonials.

SECOND – *I have, by visiting, made myself acquainted with the arrangements and plans of treatment adopted in the principal Lunatic Asylums in Great Britain.* I have also visited several of the German public establishments for the Insane, including that at Siegburg, conducted by *Dr. Jacobi.*

THIRD – *I have studied the literature of this department of Medicine, and have published various essays and papers on the subject of Mental Derangement.* Two essays of mine, one 'On the Improvements effected by the Moderns in the Medical Treatment of Insanity'; the other 'On the Moral Management of Insanity'; obtained the prizes awarded in the years 1848 and 1849 by the Society for improving the condition of the Insane.

In Section II. of my Testimonials, I have adduced the opinion of Physicians of reputation in the care of the Insane and in the management

of Lunatic Asylums as to my knowledge of mental diseases, the estimation in which my writings on the subject are held, and as to my fitness to be entrusted with the medical charge of a large public Lunatic Asylum. To this Section I have subjoined a recommendatory letter from a beneficed clergyman (the Rev. the Vicar of St. Martin-in-the-Fields, and lately Rector of this Parish) – the moral character of the Candidate being a point which, in the present exercise of your patronage, you have with reason decided in taking into your consideration.

You will perceive that, in selecting from my Testimonials those which I now beg leave to lay before you, I have almost entirely confined myself to such as have been given me by Physicians engaged in the management of Establishments for the Insane, and in the scientific investigation of the subject of mental disease, believing that the testimony of such persons will have more weight with you in deciding on my claims for this appointment, than would have a larger series of letters from other Physicians not thus engaged, and who, therefore, however eminent in their respective departments, are less conversant with the detail of duties devolving on the Physician in charge of a large Lunatic Asylum, and would, consequently, be less qualified to judge of my fitness to discharge them.

In conclusion, I have to state, that I have attained my twenty-fifth year, and that I am a graduate in Medicine, and Fellow of the Royal College of Physicians, Edin.; and, in connexion with the references which you desire for further inquiry, I may add, that I am a son of *Dr. J. A. Robertson*, the President of the Royal College of Surgeons, Edin., and that I served an apprenticeship to *Dr. J. Y. Simpson*, the Professor of Midwifery in the University of Edinburgh.

I have the honor to be . . . Your obedient humble Servant.

From J. Y. Simpson, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, and Physician-accoucheur to Her Majesty in Scotland.

Edinburgh, 15th March, 1849.

Dr. Charles Lockhart Robertson has been devoting all his time and attention for two or three years past to the study and treatment of mental diseases, and from many conversations with him on the subject, I have been led to the belief that he has become most intimately and thoroughly conversant with the pathology and practice of that peculiar class of maladies, and has made himself perfectly familiar with all the most recent and improved methods of the management of Lunatics, as followed out both here and on the continents of Europe and America.

The Essays which he has published on mental pathology show the same intimate knowledge of the literature and practice pertaining to this depart-

ment of the profession. Few, or none, I believe, of our countrymen are more truly conversant with all that has been done and is doing in the subject, and few or none have appeared to me to have more liberal and expanded views of what may yet be obtained and reached in the improvement of this peculiar field of practice.

Dr. Robertson's manners, morals, zeal, and talents all seem to me to fit him in a most superior manner for this line of practice.

J. Y. Simpson, M.D.

THOMAS GIORDANI WRIGHT

CHOLERA IN ASYLUMS, 1850

CHOLERA IN THE ASYLUM.

REPORTS

ON

THE ORIGIN AND PROGRESS

OF

PESTILENTIAL CHOLERA,

In the West-Yorkshire Lunatic Asylum,

DURING THE AUTUMN OF 1849,

AND ON

THE PREVIOUS STATE OF THE INSTITUTION.

A CONTRIBUTION TO THE STATISTICS OF INSANITY AND OF CHOLERA.

BY

THOMAS GIORDANI WRIGHT, M.D.,

VISITING PHYSICIAN TO THE ASYLUM;
MEDICAL VISITOR OF LICENSED HOUSES FOR THE INSANE IN THE WEST-RIDING;
PHYSICIAN TO THE WAKEFIELD HOUSE OF RECOVERY, &c.

LONDON:
LONGMAN, BROWN, GREEN, AND LONGMANS;
AND
ILLINGWORTH AND HICKS, WAKEFIELD.

MDCCCL.

FIG. 191 Title-page of *Cholera in . . . the West-Yorkshire Lunatic Asylum*, 1850, by T. G. Wright (1808–1898), MD Leyden, LSA, MRCP, physician of Wakefield and visiting physician to the West Riding Lunatic Asylum at Wakefield.

The cholera epidemic of 1848–9 killed more than 53,000 people in England and Wales out of an estimated total population of 18 million. Not surprisingly it spread to a number of lunatic asylums, both private and public, most of them in London but also to the Asylum at Wakefield where out of 633 patients 133 were infected and 98 died. (Of a total of 4,116 insane patients at risk 454 were attacked and 311 succumbed.) In such institutions valuable epidemiological information was gathered as by Wright with greater accuracy and in more detail than in the population at large, the more important since the cause of the disease was not yet established (the cholera vibrio was discovered in 1884 by Robert Koch). Gastro-intestinal infections soon came to be recognised as a major preventible cause of morbidity and indeed mortality among the elderly, infirm and sick, and careful precautions became so important an issue of asylum administration and hygiene that the first number of *The Asylum Journal*, 1853 [see FIG. 200] contained an annotation on 'the Circular of the Commissioners in Lunacy suggesting Precautions against Cholera'.

HENRY MONRO (1817–1891)

MD Oxon, FRCP, physician to St Luke's Hospital for Lunatics, 1855–82; owner of Brooke House Asylum, Hackney; President of the Medico-Psychological Association, 1864; painter and philanthropist. Last of five generations of Monros who specialised in insanity

1. *Remarks on insanity: its nature and treatment*, Part I, 1850 *London, Churchill* (pp. viii+75) pp. 12-5 Republished with Part 2, 1851

2. *On the nomenclature of the various forms of insanity.* In: *The Asylum Journal of Mental Science*, 1856, vol. 2, pp. 286–305

To Monro neuro-psychiatry is indebted for a pathological theory of insanity which J. Hughlings Jackson later elaborated to explain some of the perplexing aspects of neurological symptomatology. Monro believed that owing to 'depressed vitality' the 'cerebral masses' lost their 'equilibrium' resulting in 'partial paralysis' of some parts and 'irritable excess of action' of others. This theory itself derived from Cullen's idea that the '*vesaniæ*' or 'disorders of the intellectual functions' might be explained by 'the nervous power . . . in the brain' being 'in different degrees of *Excitement* and *Collapse*'. Phrenologists of course similarly held that any one of a minimum of thirty-five cerebral organs could be affected in these ways at any one time [see George Combe 1836]. Jackson combined Monro's theory with Charles Darwin's evolutionary theory and Herbert Spencer's complimentary concept of dissolution into an unitary theory of 'Evolution and Dissolution of the Nervous System' (1884) in which he included the phenomena of insanity and delirium 'if it be understood that insanity or "disease of the mind" is . . disease of the highest nervous centres, revealing itself in a series of mental phenomena'. On this view, which Monro had already sketched as the first extract shows, disease of higher centres gives rise to negative symptoms (paralysis) and by releasing lower centres from control gives rise also to positive symptoms (excess of action), the progression being from 'the most voluntary to the most automatic'. (A like view of the mechanism of mental disease on a psychological plane was taken by Freud in his concepts of repression and regression.) It is historically interesting to find a similar trend of thought expressed by William Harvey as early as 1651, that 'by corruption [disease] . . . that which was last created, fails first, and that which was first created, fails last'.

Monro did not intend a mere theoretical contribution but wanted to improve psychiatric terminology and therapeutics. For example, he found fault with the term 'mania' as it implied 'excess of nervous force' and was consequently treated by 'depletion . . . to pull down' the patient rather like 'knocking him on the head', whereas he believed it was caused by 'loss of nervous power' and

required 'a stimulating diet and the judicious use of wine' – a thesis he supported by a table of recoveries at St Luke's Hospital where this regimen was used, as recorded in the second extract.

In the third extract he described as 'cataleptoid' insanity the catatonic state (so named by Karl Kahlbaum 1874) to replace 'the term acute dementia' – the diagnosis commonly applied – which he likened 'to speaking of vigorous imbecility'; and pointed out that in any case 'the state of mind of many of these cases is anything but demented'. Unfortunately the severe mental illnesses of young adults continued to be regarded as dementing processes as by Kraepelin for instance who classed dementia praecox with dementia paralytica and dementia senilis as a degenerative disease of the nervous system.

Monro was also the first psychiatrist who wrote a book *On stammering, and its treatment*, 1850 which as it described his personal experience he published anonymously (by 'Bacc. Med. Oxon.') but subsequently acknowledged as his. In addition he reprinted a series of papers in *Articles on reform in private asylums*, 1852 which included 'On the necessity for reform in the education and character of attendants' and on 'Public asylums for the middle classes'.

DISSOLUTION IN THE NERVOUS SYSTEM – A THEORY OF INSANITY

The theory of the pathology of insanity which I wish to put forward in this treatise is as follows: –

1. That it is an affection consequent on depressed vitality, which depression of vitality is wont to manifest itself with peculiar and specific force in the cerebral masses, owing to a congenital, and frequently hereditary, tendency in the brain thus to succumb when oppressed by any exciting cause.

2. That when the cerebral masses are suffering from this condition of depressed vitality, they lose that static equilibrium of the nervous energies which we call tone (and which is peculiarly indicative of healthy vigour), and they exhibit in their functions the two different degrees of deficient nervous action (coincidently), namely, irritable excess of action, and partial paralysis; that, in consequence, the brain becomes an imperfect instrument for the manifestations of mind; and that (as the manifestations of the spiritual being are subject to the infirmities of its instrument), its operations are distorted either into irritable and diseased excess, or more or less suspended altogether.

3. That these two degrees of deficient nervous energy do not fall alike upon all the seats of mental operations, but that the seats of the more elementary faculties (such as the conception of ideas, &c.) maintain generally only the first condition, namely, that of irritable excess, which is exhibited either by excessive rapidity of succession of ideas, or undue impression of single ideas; while the seats of the less elementary but higher faculties, such as reason and will, &c., generally succumb to this second degree, namely, partial suspension of action. And let me say that I shall

discuss hereafter the question whether this temporary and partial paralysis results, *directly* and entirely, from excessive depression of the nervous centres of those higher faculties . . . or partly, and in an *indirect* manner, from nervous energy being abstracted to other parts which are in more violent exercise at the time . . .

4. Corroborative of the preceding suggestions, it is to be observed that, coincidently with this want of tone, manifested in the seat of the sensorial faculties, there exists very frequently in the insane a marked want of vitality and nervous tone in those parts of the system which are connected with physical life, such as the superficies of the skin, mucous linings, and appendages . . .

5. And lastly, we find the two principal hypotheses mentioned above (namely, a depression of vitality, and a consequent *morbid accumulation* and suspension of nervous energy) are supported by the results of that treatment which is employed on the supposition of these two morbid conditions; for that which will at the same time raise depressed vitality, and equalize disturbed nervous energy, is found to be most useful in the treatment of insanity.

INFLUENCE OF TERMINOLOGY ON TREATMENT

A philosophic and sufficient nomenclature for the various forms of Insanity is still a desideratum, and must, I fear, remain so, until the physiology and pathology of the brain are better understood, and the relationship of mental with cerebral phenomena more accurately determined . . . My chief objection to the term mania . . . is, that for a long time the fury of the insane has been a synonym for excess of nervous force, and the term mania has become inveterately associated among practitioners of the old school (many of whom still exist) with a strength to be pulled down; a disease requiring antiphlogistic treatment. Such a practitioner sees a man raving mad; he says, here is excess of nervous action, this must indicate excess of vigour, and this requires a depleting treatment; he bleeds, he blisters, and purges, and finds the fury mitigate for a time; and says again, mania must be the result of excess of power. Now this man had really done little short of quieting the patient by knocking him on the head, for he had taken away his best chance of recovery, and had afforded him every prospect of belonging to that band of fatuous patients which are so remarkable in a large hospital as the relics of the old system, but which are so seldom to be found among those who have enjoyed the more enlightened treatment of modern times. On this subject we can speak with a confidence which few questions of this sort will admit of, as I shall immediately shew . . .

If any one at all versed in medical science is unable to appreciate the idea that mania is the result of loss of nervous power, I would refer him to the general history of nervous ailments. There we find that irritable

excess of action and paralysis are but two degrees of the same thing. Injure a nerve supplying the muscles of a limb it will cause convulsion, injure it a little more, it will cause paralysis . . . Poison the sensorium, it will cause excitement of mind; poison it a little more, it will cause sopor. What can we want more than this to prove that exaggerated action may be but the result of deficient power; and that it is so in mania apart from all theory I could immediately shew.

Large statistical tables which I have before me, as well as my own experience, continued through many years, declare that a stimulating diet and the judicious use of wine will appease raving mania, replenish the system, and so prepare a solid cure. During the last five years at St. Luke's, sixty-eight *per cent.* of the cases admitted have been cured; this is a large *per centage.* If we reckon back thirty or forty years, and divide this space of time into periods of years, we find a steady increase of recoveries very much in proportion as the diet list has improved. Thus from

1821 to 1830	47 *per cent.*	recovered
1831 to 1840	56 „	„
1841 to 1850	60 „	„
1850 to 1855	68 „	„

One hundred years ago the cures at a sister hospital averaged thirty-three *per cent.*; ten years ago fifty-six *per cent.*; the deaths one hundred years ago thirty-six *per cent.*; ten years ago six *per cent.*; one hundred years ago the treatment was antiphlogistic; latterly it has become more and more supporting and stimulant. I know that statistical tables are not always satisfactory; I know that locality, drainage, and the absence of violent epidemics, during late years, have much to do with this improvement, but, notwithstanding, these are striking facts, and should bring conviction in proportion as they are worthy of attention.

CATALEPTOID INSANITY

I have been induced to apply the word *cataleptoid* to a certain class of insane patients who have evinced symptoms bearing a striking resemblance in some points of view to catalepsy. I will now describe this class as briefly as I can. In a large collection of insane patients we cannot help marking a few who stand in apparently profound sopor; their eyes are glued down or else staring open in a fixed manner, so immovable that you do not observe the least twinkle of the eyelid; the skin is cold and clammy; you speak to them, they will not answer; you offer them food, they will not eat. They indeed are most unwilling to move from the spot which they have taken up. You would say of them at first sight that they are in a perfectly apathetic and probably unconscious state until you try to cross their will, and then you often find a most resolute resistance. The state of the intellect in these cases is often hard to arrive at; for the mind is a

prisoner; all the ordinary avenues of expression by which the caged spirit may take flight are sealed up by an influence of a numbing character, which in many points of view seems to resemble simple drowsiness. Sometimes when you lay hold suddenly of such a patient, you may shake him out of the stupor, and you find that his mind is by no means lost; that he has a clear perception of all that has been going on even during the trance; and he will argue about it as about an incubus which he could fully appreciate but could not control. I have heard the term acute dementia applied to this class of cases, but I repudiate the word on many accounts. First, it is a contradiction in terms to speak of acute dementia; the word dementia should indicate a state of fatuity which is generally the result of acute disease (the second stage as it were of madness), but is always to be applied to a passive rather than an active state; and to add the word acute to it is about equivalent to speaking of vigorous imbecility. But letting this pass, the state of mind of many of these cases is anything but demented.

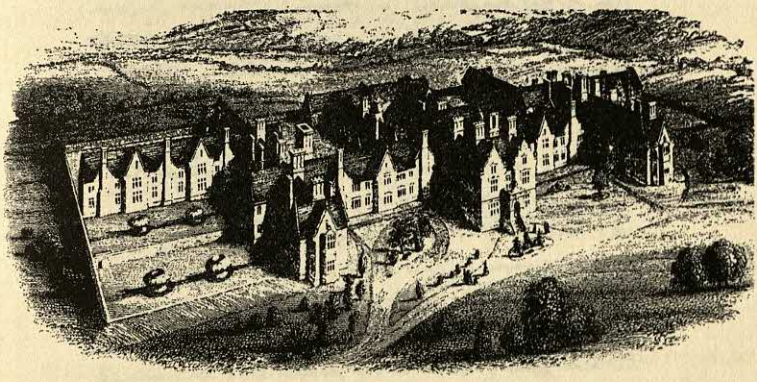


FIG. 192 A county lunatic asylum, 1850, the Somerset County Asylum at Wells, which opened in 1848 with accommodation for 400 patients (*Journal of Psychological Medicine*, vol. 3, facing p. 271).

Saint Luke's Hospital. April 16th 1850.

There are 203 patients in the Hospital, of whom 40 males & 63 females are on the curable list, and 50 of each sex are on the incurable list: of these 15 are harmless. According to the Register, it appears that 19 male, & 25 females are under medical treatment, & eleven patients have recently been subjected to Mechanical restraint.

Since the last Visit of the Commissioners, on the 16 February 1849, 189 patients have been admitted, 202 have been discharged, & 13 have died. Of these deaths, 3 are ascribed to Exhaustion, 2 to Typhoid fever, 1 to Typhoid Cholera, 1 to fever, 1 to Cholera, & the rest to various causes.

In reference to the points noticed in the last Entry of the Commissioners, we observe —

1. That a Chaplain attends & reads Prayers to the patients every day, & takes the Church Service on Sundays. He also comes frequently at other times; & the result of his various visits is, as we understand, beneficial to the patients.

2. That a Nurse has been engaged for the purpose of attending sick & infirm patients.

3 That there are 4 patients (2 male, & 2 female) sleeping on Iron Stump beds.

4. That the Galleries, in reference to the means of warming, are in the same state as heretofore. We have recommended

From 60 to 70 patients attend Prayers; that of male, and about 40 female are employed, & that almost all the male patients work at the pump.

We found the Hospital generally clean & free from unpleasant odors, & the patients for the most part tranquil.

There are some points, however, to which we are desirous of directing attention, with a view to improvements; viz:

1 The Warming rooms (or rooms appropriated to refractory patients) are cheerless & uncomfortable

FIG. 193 (*a*) The Lunacy Commissioners in action: first page of their entry of 16 April 1850 in the official 'Visitors Book' of St Luke's Hospital recording their annual 'Visitation' and the results of their 'Inspection and Inquiries' in accordance with the Act of 1845 (*St Luke's Hospital* MS.).

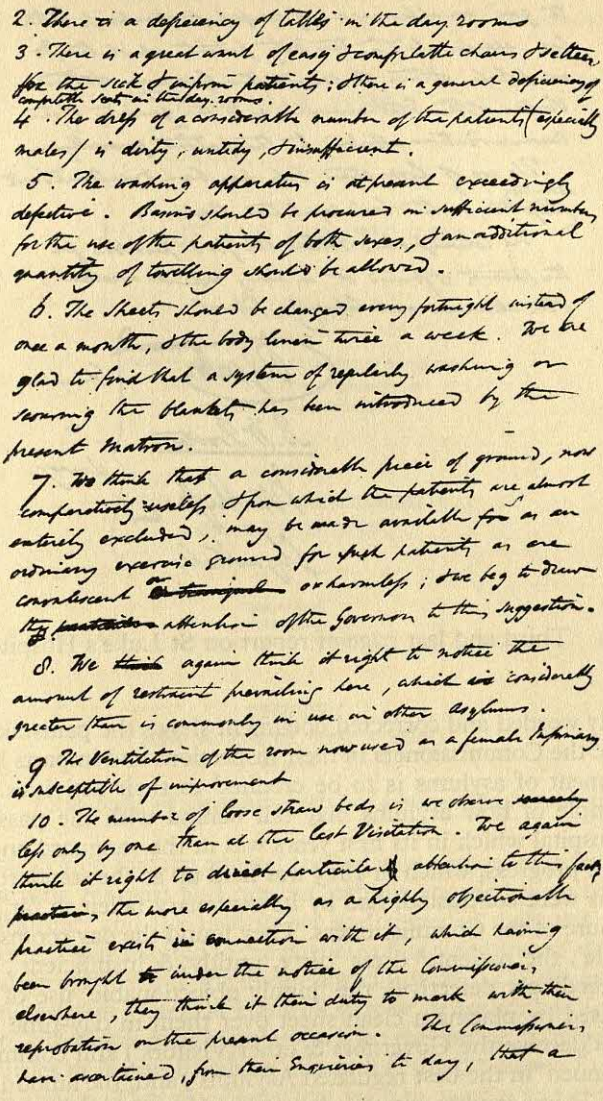


FIG. 193 (*b*) Second page of report on St Luke's Hospital, 1850.

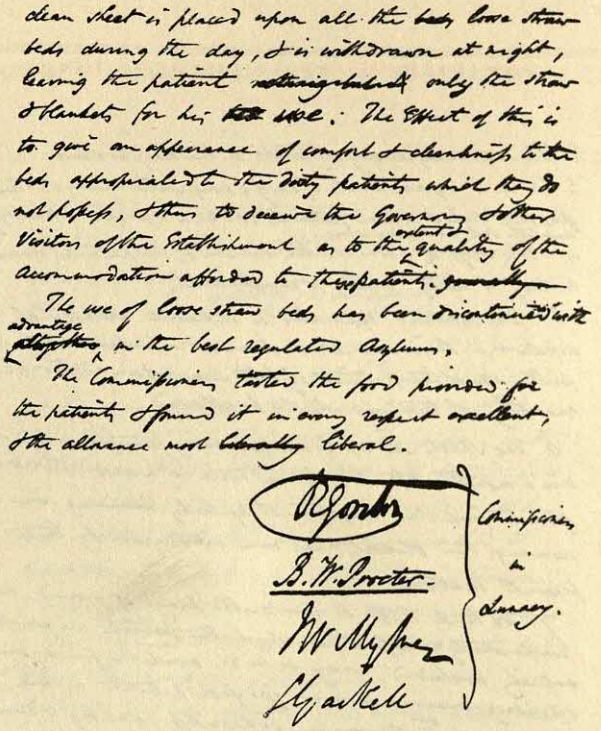


FIG. 193 (*c*) Third and last page of report on St Luke's Hospital, 1850

This carefully worded and corrected document shows the painstaking care and persistence of the Commissioners in their inspections and imparts how much of the improvement of asylums is to be credited to their activities. It is also a striking example of how asylums may fall behind with the passage of time: St Luke's Hospital which in its first years was in the vanguard and indeed the pace-maker of progress, which in 1815 was held up as the standard with which other asylums were contrasted, had by its centenary fallen so far behind as to earn the censure of the Commissioners. They found the day rooms 'cheerless & uncomfortable', the patients' dress 'dirty, untidy, & insufficient', the washing facilities 'exceedingly defective', the 'highly objectionable' use of 'loose straw beds' (disguised by placing a clean sheet over them in day-time in a manner calculated 'to deceive the Governors & other Visitors') still common although long discontinued 'in the best regulated Asylums', and 'the amount of restraint prevailing . . . considerably greater' than in other institutions.

FAMILIAR VIEWS

OF

LUNACY AND LUNATIC LIFE:

WITH HINTS

ON THE

PERSONAL CARE AND MANAGEMENT OF THOSE WHO ARE AFFLICTED WITH TEMPORARY OR PERMANENT DERANGEMENT.

BY THE LATE MEDICAL SUPERINTENDENT OF AN ASYLUM FOR THE INSANE.

SPERATÉ MISERI
CAVETE FELICES.
Burton.

LONDON:
JOHN W. PARKER, WEST STRAND.
M DCCC L.

FIG. 194 Title-page of *Familiar views of lunacy and lunatic life*, 1850.

This book was written for 'the general reader' who wishes 'to indulge a rational curiosity regarding the past and present state of knowledge on the subject of intellectual disorder, and the institutions and remedial measures which have, from time to time, been adapted to the purpose of its amendment'. Its fluent style and humanitarian approach to the insane with illustrations of the improvements under the non-restraint system at Hanwell suggest its author was John Conolly, by 1850 a 'late superintendent of an asylum for the insane' (having just retired from active duties at Hanwell) whose efforts for 'the diffusion of useful knowledge' are well known. That psychiatry lent itself to popular presentation at this time may be taken as a measure of how far it had advanced in the immediately preceding decades.

POEMS.

BY A

Prisoner in Bethlehem.

"STUDIO FALLENTIS LABORIS."

EDITED BY

JOHN PERCEVAL, Esq.,

HON. SECRETARY TO THE ALLEGED LUNATICS' FRIEND SOCIETY:

AND

Published for the Benefit of the Author.

LONDON:

EFFINGHAM WILSON, ROYAL EXCHANGE.

1851.

FIG. 195 Title-page of *Poems. By a prisoner in Bethlehem*, 1851.

The author who revealed himself in the 'Epistle Dedicatory' (to Dr John Bright, Commissioner in Lunacy) as Arthur Legent Pearce, formerly a medical man, was confined as a 'criminal lunatic' during 'Her Majesty's pleasure' for 'violence which he attempted, about ten years ago, against the person of his wife' while 'the victim of illness and severe medical treatment, of hypochondria and delusions'. So wrote his editor and friend, the benevolent John Thomas Perceval (1803–1876) (son of Spencer Perceval, prime minister who was assassinated by a madman in 1812) who published Pearce's poems as 'a solace and amusement to the writer in his weary and melancholy confinement', and to 'afford pleasure to the public, awaken their sympathy in his behalf, and in behalf of the many wretched persons who have fellowship with him, both in Bethlehem and in other asylums'. Perceval himself had spent some years in private asylums, was the author of *A narrative of the treatment experienced by a gentleman, during a state of mental derangement; designed to explain the causes and the nature of insanity*, 1838 & 1840 (London) and from his recovery in 1834 had devoted himself to 'the subject of maintaining the rights of lunatics'. In 1845 he joined in founding '*The Alleged Lunatics' Friend Society*' dedicated to helping those who considered themselves unjustly confined and to safeguarding the liberty of the subject even though declared insane. In 1846 he became its secretary and in July 1859 gave evidence before the *Select Committee of the House of Commons on Lunatics:* 'I consider myself the attorney-general of all Her Majesty's madmen . . . I consider that society or the Legislature, who shut up patients not only for their own benefit, but for the benefit of society as well . . . should most jealously respect all [their] other rights'.

MARY CARPENTER (1807–1877)

Philanthropist and social reformer

Juvenile delinquents, their condition and treatment, 1853 *London, Cash* (pp. x+388) pp. iii–v

The growing public concern for the welfare of the insane in the nineteenth century which changed their treatment from mass repression to individual humane treatment, was merely one facet of the awakening of society's conscience towards its outcasts whether from illness, poverty or crime, roused by the endeavour of inspired individuals. Such a philanthropist was Mary Carpenter who made juvenile delinquency her cause, the problems of which touch on sociology, criminology, medicine and foremost psychological medicine.

She gained an early interest in education from her father and after years as a Sunday School teacher opened in 1846 her first 'ragged school' in the poorest quarter of Bristol. Here she first came into touch with 'juvenile offenders' to whom she devoted the best part of her life. In 1851 she published *Reformatory schools, for the children of the perishing and dangerous classes, and for juvenile offenders*, in which she drew attention to 'the enormity and amount of juvenile depravity', a matter 'long known to the few' but now first 'made evident to the many'. To the question 'what can be done? Is there any remedy?' she answered 'education, – the early nurture, and the sound, religious, moral, and industrial training of the child', and set out to prove that 'Reformatory schools . . . will produce the desired effect of checking the progress of crime in those who have not yet subjected themselves to the grasp of the law, and of reforming those who are already convicted criminals'. At the same time she proclaimed her unshakable belief that 'all children, however apparently vicious and degraded, are capable of being made useful members of society . . . if placed under right influences, and subjected to judicious control and training' – a sentiment very similar to that which inspired contemporary champions of 'moral treatment' and asylum reform and expressed in much the same language.

In 1852 she was called to give evidence before the Parliamentary Committee of Inquiry on Juvenile Delinquency and opened her first reformatory school to demonstrate what could be achieved. Two years later she had the satisfaction of seeing the *Youthful Offenders Act* passed which legalised the position of reformatory schools run on a voluntary basis under official inspection. Her continued agitation led in 1857 to the passing of the *Industrial Schools Act* and in 1859 she published *The claims of ragged schools to pecuniary educational aid, from the annual parliamentary grant, as an integral part of the educational movement of the country*, which together with other improvements were incorporated in the amended Acts of 1861 and 1866.

In the book quoted here she surveyed the causes of juvenile crime and the

JUVENILE DELINQUENTS,

THEIR

CONDITION AND TREATMENT.

BY

MARY CARPENTER,

AUTHOR OF

"REFORMATORY SCHOOLS FOR THE CHILDREN OF THE PERISHING AND DANGEROUS CLASSES AND JUVENILE OFFENDERS."

LONDON:

W. & F. G. CASH, (SUCCESSORS TO C. GILPIN,)

5, BISHOPSGATE STREET WITHOUT.

1853.

FIG. 196 Title-page of Mary Carpenter's *Juvenile delinquents*, 1853.

condition of young delinquents from prison reports, police records and personal experience and pleaded a new approach to the problem. She likened it to a disease the cause of which lay as much in society as in the offender: 'Yet, the Gaol continues to be the only infirmary provided by the parental care of the State for the cure of her erring children's souls'. She proposed 'That the child, when by conviction of crime he becomes a child of the State, must still be treated as a child, and be dealt with by corrective training, not by more punishment, as at present. That he should for this end be placed in a Reformatory School, where he shall be submitted to such training and discipline as may best prepare him to become a useful member of society'. She also suggested leniency towards first offenders and that 'A discretionary power . . . rest with the magistrates and judges to restore the child to his (or her) parents or guardians on the first offence, provided they give satisfactory security for his future conduct'.

The book has chapters on 'Characteristics and Classes', 'The Parents', 'Principles of Treatment', etc.; one entitled 'American Experience' praises the advances made in the United States in which the principles advocated had long been 'so fully acknowledged . . . that in many of them we already find Reformatory Schools taking the place of Prisons for juvenile delinquents'. In fact as early as March 1824 'in the city of New York . . . an Act was passed

"to incorporate a Society for the Reformation of Juvenile Delinquents" ' which with State support opened a 'House of Refuge'; and a corresponding Act was passed to enable judges, instead of sentencing convicted felons under the age of sixteen years (soon raised to seventeen) to imprisonment, to order their confinement in the Society's House.

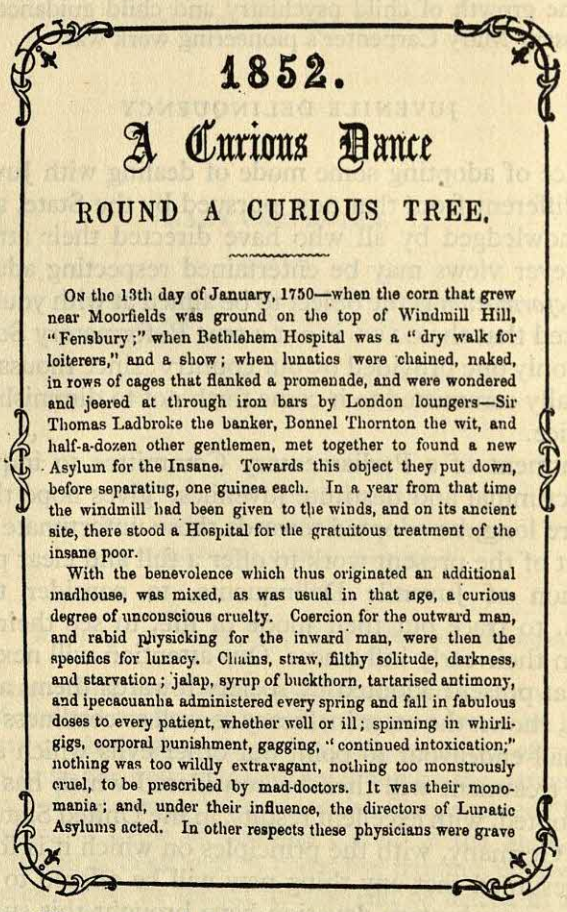
Today the extent of the social services provided for antisocial or delinquent children and the growth of child psychiatry and child guidance clinics show how very necessary Mary Carpenter's pioneering work was.

JUVENILE DELINQUENCY

The importance of adopting some mode of dealing with Juvenile Delinquency very different from that now pursued by the State, appears to be generally acknowledged by all who have directed their attention to the subject. Whatever views may be entertained respecting adult criminals, all agree that *reformation* is the object to be aimed at with young offenders; nor is it doubted that the GAOL is not a true Reformatory School, though at present the only one provided by our country; since thousands of young children annually committed to it come forth not to diminish, but to swell the ranks of vice.

The appointment of a Parliamentary Committee to inquire into the condition of 'criminal and destitute juveniles,' gives hope that some new system will, ere long, be adopted towards these unfortunate children . . . It is the object of the present work to offer a full and clear picture of the actual condition of Juvenile Delinquents, to consider their various characteristics, to trace out their mode of life, to see their homes, and thence to learn their early influences. Our attention will next be directed to the course at present adopted by society towards them, and having in a former work, shown the utter inefficacy as well as costliness of the prison system, we shall endeavour to point out other evils which arise from it. The mode of treatment will then be considered which has been of late extensively adopted, with excellent results, in the United States, in France, Belgium, and Germany, with the principles on which it is founded.

It is not presumed that any thing new will be offered to those whose official position or voluntary devotion have brought this subject but too painfully under their notice, and whose own experience will have anticipated the principles here developed. But the public in general know but little of it. The mass of society are better acquainted with the actual condition of remote savage nations, than with the real life and the springs of action of these children, whose true nature is less visible to the public eye when collected in a Ragged School, or swarming in by-streets.



1852.

A Curious Dance

ROUND A CURIOUS TREE.

On the 13th day of January, 1750—when the corn that grew near Moorfields was ground on the top of Windmill Hill, "Fensbury;" when Bethlehem Hospital was a "dry walk for loiterers," and a show; when lunatics were chained, naked, in rows of cages that flanked a promenade, and were wondered and jeered at through iron bars by London loungers—Sir Thomas Ladbroke the banker, Bonnel Thornton the wit, and half-a-dozen other gentlemen, met together to found a new Asylum for the Insane. Towards this object they put down, before separating, one guinea each. In a year from that time the windmill had been given to the winds, and on its ancient site, there stood a Hospital for the gratuitous treatment of the insane poor.

With the benevolence which thus originated an additional madhouse, was mixed, as was usual in that age, a curious degree of unconscious cruelty. Coercion for the outward man, and rabid physicking for the inward man, were then the specifics for lunacy. Chains, straw, filthy solitude, darkness, and starvation; jalap, syrup of buckthorn, tartarised antimony, and ipecacuanha administered every spring and fall in fabulous doses to every patient, whether well or ill; spinning in whirligigs, corporal punishment, gagging, "continued intoxication;" nothing was too wildly extravagant, nothing too monstrously cruel, to be prescribed by mad-doctors. It was their monomania; and, under their influence, the directors of Lunatic Asylums acted. In other respects these physicians were grave

FIG. 197 First page of Charles Dickens's *A curious dance*, 1860.

The novelist's instinct for studying the varieties and vagaries of man coupled with his keen social conscience gave Charles Dickens a powerful interest in the insane and the institutions which housed them. As early as 1842 in his *American Notes* (London, Chapman & Hall) dedicated to his 'friends . . . In America, who, giving me a welcome . . . left my judgment free; and who, loving their country, can bear the truth' he described visits to mental hospitals during his tour. The 'State Hospital for the insane' South Boston, he thought was 'admirably conducted on those enlightened principles of conciliation and kindness, which twenty years ago would have been worse than heretical, and which have been acted upon with so much success in our own pauper asylum at Hanwell . . . one

great feature of this system, is the inculcation and encouragement . . . of a decent self-respect'; at the 'admirably conducted . . . Insane Asylum' Hartford, he doubted whether he 'should have known the attendants from the patients' but for their conversation; but at the 'Lunatic Asylum' on Long Island 'everything had a lounging, listless, madhouse air, which was very painful' and he 'declined to see that portion of the building in which the refractory and violent were under close restraint', leaving with 'deep disgust and measureless contempt' for the political system which made possible 'this sad refuge of afflicted and degraded humanity'.

Almost ten years later on Boxing Day 1851 Dickens paid a visit to St Luke's Hospital and published an account of it in *Household Words*, 17 January 1852 entitled 'A curious Dance round a Curious Tree' because it described the Christmas festivities. In 1860 the Governors of St Luke's obtained his permission to reprint this article and distribute it as an appeal for funds for their charity, and the illustration shows the first page of the pamphlet they published and reissued for many years. Dickens had ended 'It may be little to have abolished from mad-houses all that is abolished, and to have substituted all that is substituted. Nevertheless, reader, if you can do a little in any good direction – do it. It will be much, some day'. To this the Governors annexed their own 'Contrast between 1852 and 1860' giving an account of the improvements made 'since Mr. Dickens' account appeared. After eight years, and an expenditure of £15,000, the "dismal", the "vacant", and the "sad" ' which had so distressed him 'are no longer the characteristics of St. Luke's . . . Open fire-places have been substituted for the iron-caged grates, and handsome stuffed settees . . . for the rude benches of 1852. The tastefully-papered walls . . . the matted floor and neat oil-cloth of the passages, give a very real air of home to the once naked galleries and day rooms . . . Nor is industrial employment neglected . . . as Carpenters, Tailors, Shoemakers, &c. and in Household and Needlework. As a consequence of this cheerful domestic life . . . the number of cures have steadily increased, more than *two-thirds* of the persons admitted being speedily restored to reason, and to the world' – so powerful is the influence of better conditions on the insane.

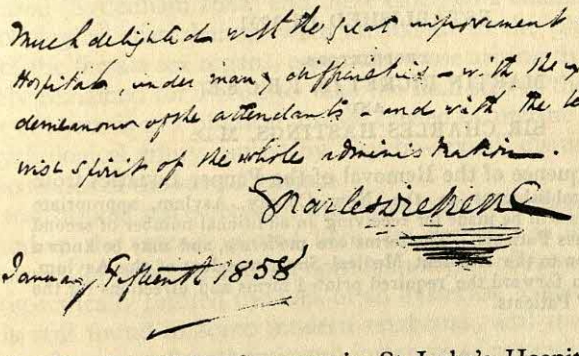


FIG. 198 Charles Dickens's entry in St Luke's Hospital Visitors Book 15 January 1858 (*St Luke's Hospital*) recording his observations on a later visit: 'Much delighted with the great improvements in the Hospital, under many difficulties – with the excellent demeanour of the attendants – and with the benignant and wise spirit of the whole administration'.

Nervous and Mental Disorders.

EASTGATE HOUSE, LINCOLN.

A PRIVATE Establishment for the residence of a limited number of Ladies and Gentlemen, of the Upper and Middle Classes, in Separate Houses. Conducted by Mr. R. GARDINER HILL, M.R.C.S.Eng. (Originator of the system of Non-restraint in Lunacy), and Mrs. HILL. Physician, R. ELMHIRST, Esq., M.D., Cantab. For particulars apply to Mr. Hill, or to Messrs. Lane and Lara, Medical Agents and Lunatic Asylum Registrars, 14, John-street, Adelphi, London.

Fiddington House Asylum,

MARKET LAVINGTON, DEVIZES, WILTS.

Under the Superintendence of Mr. Charles Hitchcock, the Proprietor and Resident Medical Superintendent.

THE House is in a retired locality, pleasantly and healthily situate, in the centre of very extensive flower gardens and pleasure grounds, and the treatment of the patients is conducted on the most approved system of non-restraint, very successfully adopted by the late proprietors, Mrs. Willett, and William Charles Hood, Esq., now the resident Physician to the Colney Hatch Asylum.

DROITWICH LUNATIC ASYLUM,

ESTABLISHED IN 1791.

PROPRIETORS.

MARTIN RICKETTS, F.R.C.S.E.

AND

SIR CHARLES HASTINGS, M.D.

IN consequence of the Removal of the Pauper Lunatics from this Establishment to the New County Asylum, appropriate arrangements will be made for receiving an additional number of second and third-class Patients. The terms are moderate, and may be known by application to the Resident Medical Superintendent of the Asylum, who will also forward the required printed forms and directions for the admission of Patients.

FIG. 199 Advertisements of three private asylums belonging to Robert Gardiner Hill [see p. 886], Sir W. Charles Hood [see p. 1019], and Sir Charles Hastings (1794–1866), MD Edin., physician to Worcester Infirmary, founder of the British Medical Association, and President of the Medico-Psychological Association 1859.

ROBERT BRUDENELL CARTER (1828–1918)

FRCS, founder of the Nottingham Eye Infirmary 1859 and the Gloucestershire Eye Institution 1862; surgeon to the Royal Eye Hospital, Southwark; ophthalmic surgeon to St George's Hospital and the National Hospital for Paralysis and Epilepsy, Queen Square

On the pathology and treatment of hysteria, 1853 *London, Churchill* (pp. x+161) pp. 1-3, 28-9, 33-4

One of the striking differences between the psychiatric literature of the nineteenth and twentieth centuries is the great freedom with which sexual matters are discussed at the present time and the important role attributed to disturbances of sexual drives in causing psychological ills. Perhaps Freud's work more than anything was responsible for this transformation though few would go so far as to agree that a 'sexual neurosis' is the basis of all mental illness. Yet this doctrine was not as novel as it seems. The original observations on which Freud based his conclusions were made on what were considered classical cases of hysteria, that protean malady the cause of which the ancients traced to the wanderings of the womb. This idea had long been relinquished in face of growing anatomical knowledge (Jorden 1603) but the 'uterine doctrine' as it was called persisted in varying guises, from a reciprocal influence between nervous system and uterus (Willis 1667) to the body being poisoned by noxious humors (Digby 1658) or vapours (Blackmore 1725) rising from it. At the same time the importance of the mental manifestations of hysteria came to be appreciated (Sydenham 1682) and there emerged a combined theory by which its psychological disturbances were attributed to the physical effects of disorders of the female sex organs, especially those arising from unsatisfied desire. It merely remained for Freud to take the final step in the evolution of the old concept of hysteria as a physical disease caused by uterine pathology to hysteria as a psychological entity caused by 'psycho-sexual' disturbances explained by the vicissitudes of the sexual instinct.

The transitional stage between the somatic and psychological theories is well illustrated in the extract quoted here. Its author was in general practice in Leytonstone; later he became an ophthalmologist of repute. It is worth noting that he specifically refuted the idea of an hysterical 'constitution' or 'diathesis' which is still found in some modern textbooks; and that he considered 'the existence of many well-authenticated instances of masculine hysteria' rendered any etiological theory in terms of 'irritation of the uterus and ovaria . . . utterly untenable' whereas 'the emotional doctrine [in its physical effects] affords an easy and complete solution of the difficulty' and particularly 'the sexual feelings, because they are both more universal and more constantly concealed than any others'.

The word Hysteria has been used by medical writers to express so many and such various kinds of disease, that it is necessary, at the very commencement of these pages, to assign some limit for its wide significance, and to lay down clearly what morbid conditions its employment is intended to convey. For these it would, perhaps, be easy to find a more appropriate name; but still, the one which has been selected comes armed with all the prestige of familiar acquaintance, and avoids all the obstacles which hinder the adoption of a new nomenclature; while the author would fain hope that an attempt to rescue it from inexactness unparalleled in scientific phraseology, will find favour in the eyes of his brethren. It has commonly been made to include a large number of symptoms, referable to disease of the medulla spinalis, or its membranes; to hypochondriasis; or to simple malingering; and such cannot be called hysterical affections, without considerable risk of those evil consequences, which so often follow the attempt to give a definite name to an unknown quantity. Ignorance is thus veiled under a disguise which imitates, in some degree, the appearance of knowledge; and a phrase, representing only the algebraic *x*, is considered explanatory of the phenomena ranged under it, – a mistake too often productive of false reasoning upon all medical questions, and especially to be deprecated when the derangements of the nervous system are the subjects of discussion . . .

By hysteria, then, is intended a disease which commences with a convulsive paroxysm, of the kind commonly called 'hysterical'. This paroxysm is witnessed under various aspects, and in various degrees of severity, being limited, in some cases, to a short attack of laughter or sobbing; and in others, producing very energetic involuntary movements, maintained during a considerable time, and occasionally terminating in a period of catalepsy or coma. The diagnosis (in so far as rules for it can be written down,) rests mainly upon the absence of epileptic characteristics, and the existence of some evident exciting cause, such as sudden fright, disappointment, or anger . . . *Simple* hysteria . . . consists in the liability to fits of greater or less severity, either with or without distinct intervals of remission and perfect health, is subject to many complications, which constitute the various disorders known as hysterical spine, hysterical knee, hysterical neuralgia, &c., and may be classified in a way to be considered hereafter. *Complicated* hysteria generally involves much moral and intellectual, as well as physical, derangement, and when it is fully established, the primary convulsion, the 'fons et origo mali,' is sometimes suffered to fall into abeyance, and is lost sight of and forgotten by the friends of the patient, their attention being arrested by the urgency of new maladies . . .

The effect of emotion in producing hysteria has long been a matter of common observation, and is distinctly recognised by many authors on the subject, but they have all regarded it only as an exciting agency, which

required for its operation the prior existence of some unknown constitutional state. As a first step in endeavouring to demonstrate the groundlessness of this opinion, it may be well to cite two cases which have fallen under my own observation, and in which the idea of an hysterical diathesis could only be supported by the kind of argument known among logicians as a vicious circle, namely, by inferring its existence from the occurrence of that event which it has been postulated in order to explain . . .

If the relative power of emotion against the sexes be compared in the present day, even without including the erotic passion, it is seen to be considerably greater in the woman than in the man . . . But when sexual desire is taken into the account, it will add immensely to the forces bearing upon the female, who is often much under its dominion; and who, if unmarried and chaste, is compelled to restrain every manifestation of its sway . . . It may, however, be remarked, that in many cases of hysteria in the male, the sufferers are recorded to have been 'continent', a circumstance which may have assimilated the effects of amativeness upon them to those which are constantly witnessed in the female . . . And at the outset of this inquiry, we are . . . compelled to investigate the power of the sexual passion, as compared with that of feelings more generally acknowledged . . . For while the advance of civilisation and the ever-increasing complications of social intercourse tend to call forth new feelings, and by their means to throw amativeness somewhat into the shade, as one powerful emotion among many others, still its absolute intensity is in no way lessened, and from the modern necessity for its entire concealment, it is likely to produce hysteria in a larger number of the women subject to its influence, than it would do if the state of society permitted its free expression. It may, therefore, be inferred, as a matter of reasoning, that the sexual emotions are those most concerned in the production of the disease.

WALTER COOPER DENDY (1794–1871)

MRCS, surgeon to the Royal Infirmary for Children, London

Psychotherapeia, or the remedial influence of mind. In: *The Journal of Psychological Medicine and Mental Pathology*, 1853, vol. 6, pp. 268–74

Like so many who have been attracted to the study of the human mind, Dendy's interest was first aroused by considering the mental phenomena of altered consciousness as in 'dreams, somnambulism, reverie, trance' (*On the phenomena of dreams, and other transient illusions*, 1832). From this he proceeded to study historical and literary examples of 'imperfect manifestations of mind' (*The philosophy of mystery*, 1841) before attempting to grapple with the problems presented by his patients. As a practising surgeon he was particularly concerned with the psychological aspects of disease, 'the pathological influence of mind . . . on the structures of the body' and their remedy. On this subject he read on 12 March 1853 a paper to the Medical Society of London quoted here in which he introduced the term 'psychotherapeia' today Englished as 'psychotherapy' which he defined as 'prevention and remedy [of disease] by psychical influence' and which he predicted would become 'a valuable auxiliary in the practice of our intricate science'.

PSYCHOTHERAPEIA, OR THE REMEDIAL INFLUENCE OF MIND

When Plato wrote these words – '*nec totum corpus* (*curabis*) *sine anima*,' he recorded a truth which few probably will deny, but the principle of which, in the practice of medicine, has been constantly blinked or set aside. This error has been committed, not only from deficient appreciation of the influence of mind . . . but also from a notion that the psychologist speaks and writes of intellect as an abstraction, and not as that intimate union of mind and matter which has laid the basis of modern psychology, and especially of the theory of insanity . . . Now, whatever the nature of this union may be, we know there is a constant reciprocity or mutual influence between the two elements: and to show how mind acts on tissue let us take the course of a simple thought, the subject of which is sufficiently potent to cause *sensible effects*; we may call it emotion. The sensations it often induces are those which if in greater degree or more permanent, would be the very symptoms or indications of disorder . . .

The psychological and prophylactic, and, may we add, therapeutic influence of the *mens sana* are as clear as the pathological effect of mind.

It would be easy to fill many pages with illustrations of this truth: it is of course these influences which constitute the remedial powers of mind even when disorder is established. It is often deeply interesting to mark the salutary changes which result from the influence of a devout and philosophic spirit, and also of the lighter and more joyous states of the mind when brought to play even on structural disease. As we know that mental states induce disorder, we may also perceive, that prevention and cure may be effected simply by inducing a contrary condition of mind . . .

We cannot, I think, deny a certain influence of other minds on our own, although the real truths are so unblushingly warped and exaggerated to favour the views of the empirical impostor. What was the principle of tractors – of potions – of electro-biology – of the shampooing of Valentine Greatrex, but the effect of mental impression; a change nervous and vascular is induced, and its consequence must be some change of action, it *may* be morbid. An acknowledgment of this truth would soon take the remedy of mental influence from the hands of the impostor, and gain for us a valuable aid in our ministration . . .

One of the most prevalent errors of the human mind consists in the conception of wrong notions of one's-self . . . It is in hysteria especially that this *auto*-mania, or morbid thinking of one's-self, chiefly occurs; although it is probable that few are altogether without it. To one lady especially would I allude, who came under my care for acute hysteria – the surface of whose body, the abdomen especially, was so intensely sensitive, that a feather dropped on it caused her to scream with agony – nay, even the approach of the finger would induce an extreme degree of this hyper-aesthesia. No medicine was of avail, but her great relief was procured by psychical treatment alone. Although a sudden touch was then agonizing, delicate and gradual pressure was soon borne without suffering, and the mind being brought to think rightly of the nature of her malady, the lady was relieved at least of one severe affection . . .

I visited, some years ago, a lady in the west of Sussex, in whom intense hyperaesthesia of the skin was the torment of her life . . . Even while I was watching her, I observed that, while her attention was interestingly diverted from herself, she left off scratching. It is clear, therefore, that one prominent principle in these cases is mental counteraction . . . But the illusion *may be* so severe, as to amount to confirmed madness on one point, and this automania may lead to fatality. One of my medical friends had for some time laboured under the illusion that syphilitic caries of the nasal and palatine bones was rapidly progressing, and would destroy him. It was not difficult to reason him, at times, out of this phantasy; but he would, sooner or later, relapse. In the lucid intervals, he visited and prescribed with judgment and discretion; yet immediately after a day spent in professional duties, the wrong notion of self came across him; and in a moment he half divided very scientifically the brachial artery, and bled to death.

JAMES FOULIS DUNCAN (1812–1895)

MD Dublin, Fellow and President Royal College of Physicians of Ireland; physician to Sir Patrick Dun's, Simpson's and Adelaide Hospitals; owner of Farnham House Private Asylum, Finglas; President Medico-Psychological Association 1875

Popular errors on the subject of insanity examined and exposed, 1853 *Dublin, McGlashan* (pp. xii+265) pp. 125-6, 136-9

By the middle of the nineteenth century psychiatry was no longer a subject for an apparently unending series of sensational exposures but was established as a body of knowledge in which a layman could be expected to take an intelligent interest. *Familiar views of lunacy* which appeared in 1850 [see FIG. 194] was intended to familiarise the public with asylum life, and three years later Duncan wrote this 'short treatise' with a view to 'refuting' such 'popular errors' founded on 'ignorance and misconception' which still prevailed to some extent 'even among persons whose condition in life and information upon other subjects' would 'lead one to anticipate a very different state'. This was the more necessary since 'the constitution of the country leaves the decision of many questions connected with insanity to the verdict of a jury, upon which every member of society, except medical men, may be summoned'. He therefore concerned himself particularly with medico-legal aspects (a subject on which he later also published *The personal responsibility of the insane*, Dublin 1865) and from the chapter on 'Moral Insanity' is chosen an extract from his discussion how this psychiatric concept was applicable to cases of 'shop-lifting' in distinguishing 'cleptomania', one of its manifestations, from mere criminal behaviour. In the case he quoted, the patient was 'placed in a proper asylum' since out-patient treatment for which today of course many such cases are referred by the Courts was at that time not even contemplated. In fact the development of out-patient clinics towards the end of the nineteenth century (Wakefield in 1890 was the first asylum to organise 'a scheme for the treatment of out-door patients') was of the first importance for the development of psychiatry as a whole since they extended the psychiatrist's range of observation to an ever widening circle of the milder ambulatory psychological and psychosomatic ills.

Duncan was also concerned to demonstrate 'the curability of insanity' which was 'theoretically admitted' while at the same time 'the very opposite opinion exercises a practical and injurious influence upon the public mind' – as to some extent it still does today, otherwise mental health campaigns would not almost regularly restate this fact in their preambles. 'No point is more clearly established in the history of insanity than this, that the facility of cure and the proportion of recoveries bear a distinct ratio to the shortness of time that has elapsed from the origin of the complaint to the commencement of treatment.

If the interval be brief, the probability of cure is great' – a fact also still stressed as the need for early diagnosis.

CLEPTOMANIA

The next form of insanity to which I think it necessary to advert is that which is commonly called moral insanity, and which consists essentially in a perversion of the feelings and affections, unaccompanied by any apparent derangement of the intellectual faculties, properly so called . . . The existence of such a form of insanity as I have already hinted at, though almost universally admitted by medical writers, has been called in question by some of our highest legal authorities, who insist that no case ought properly to be referred to that denomination which does not exhibit some evidence of the existence of a palpable delusion affecting the patient's understanding, or some undoubted lesion of his reasoning powers; and that such a state, if it were proved to exist, would not incapacitate the individual from the performance of any of his ordinary duties, nor absolve him from any kind of responsibility, nor justify any steps being taken to deprive him of his liberty. It is not in general easy to settle a controversy which is carried on between parties so differently circumstanced as is the case in this instance, both as regards the point of view from which they look at the subject, and the opportunities they possess of making observations respecting it. Differences arising from the peculiar character of the education enjoyed by members of the two professions, and differences depending on the trains of thought habitual to each, may go a great way to account for the opposite opinions maintained on this question; yet I cannot help thinking that the point in dispute is rather the meaning of the term 'insanity' considered in the abstract, than anything else. The one party, believing that that term has a certain legal force, refuse to acknowledge the propriety of its application to a class of cases which seem to them to have no right to be regarded in this aspect; the other, looking only at the subject in connexion with practical medicine, and disregarding the consequences in law to which its adoption may lead, maintain that they ought justly to be included in the same category with others which present analogous pathological phenomena . . .

Insanity sometimes exhibits itself in a tendency to steal, constituting what has been called by systematic writers *cleptomania*, and differing from a more criminal action in this, that it is not prompted by the wants of the individual, neither is it practised with any view to the subsequent use in any way of the article that has been stolen. A thief steals only such things as are immediately applicable to the supply of his own pressing wants, or are convertible into the means of supplying them . . . I have heard of one instance where a lady was so well known to the shopkeepers of this city, that they made it a rule, in sending out a box of ribbons or any other articles to her carriage, to count the number of the pieces

beforehand, that they might know exactly how many she had taken, for otherwise they would have no chance of discovering their loss. If we analyse this affection, when it amounts to insanity, we shall find that it may depend upon either a desire to elude the vigilance of the proprietor of the goods at the moment of making the attempt, or upon a passion to accumulate all sorts of things without the least regard to their subsequent utility. In other words, to use the language of the phrenologists, it may depend upon a morbid condition of the organ of secretiveness or of acquisitiveness . . .

Insanity is occasionally pleaded as a defence against the charge of shop-lifting, and it seems, at first sight, extremely difficult to distinguish a case in which an individual is really prompted to the commission of crime by an unaccountable and unmeaning impulse, and another in which such a motive is only pretended; but a careful investigation into the offender's past history, and into his conduct at the time of committing the act, will almost to a certainty set the matter at rest. A case of this nature has occurred at the Recorder's Court, in this city, as these pages have been written (March 15, 1853), and without expressing any opinion upon the propriety of the verdict, I cannot help expressing satisfaction at the decision of the learned judge, that the lady was to be retained in custody till such time as arrangements could be made for having her placed in a proper asylum; for if the plea were founded in truth, the kindest course for the unfortunate lady herself would be to have her placed where her malady would receive proper attention; and the universal adoption of such a determination would go a great way to check the fictitious employment of such pleas in future.

" SI QUID NOVISTI, RECTIUS ISTIS,
" CANDIDUS IMPERTI, SI NON, HIS UTERE MECUM."

THE ASYLUM JOURNAL,

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PROSPECTUS.

FROM the time when Pinel obtained the permission of Couthon to try the humane experiment of releasing from fetters some of the insane citizens chained to the dungeon walls of the Bicêtre, to the date when Conolly announced, that in the vast Asylum over which he presided, mechanical restraint in the treatment of the insane had been entirely abandoned, and superseded by moral influence, a new school of special medicine has been gradually forming.

That period which is marked in the annals of France as the Reign of Terror, saw the star of hope arise over the living sepulchre of the lunatic. Pinel vindicated the rights of science against the usurpations of superstition and brutality; and rescued the victims of cerebro-mental disease from the exorcist and the gaoler. But the victory was not gained in one battle; the struggle was carried on with undulating success, until in this country the good work was definitely consummated by the labors of Conolly.

The Physician is now the responsible guardian of the lunatic, and must ever remain so, unless by some calamitous reverse the progress of the world in civilization should be arrested and turned back in the direction of practical barbarism. Since the public in all civilized countries have recognized the fact, that Insanity lies strictly within the domain of medical science, new responsibilities and new duties have devolved upon those who have devoted themselves to its investigation and treatment. Many circumstances have tended, not indeed to isolate cerebro-mental disease from the mainland of general pathology; but to render prominent its characteristics and to stamp it as a specialty.

When *The Citizen of the World* exclaimed, "Is the animal machine less complicated than a brass pin? Not less than ten different hands are required to make a pin, and shall the body be set right by one single operator?" he forgot that "the physician who pretends to cure disorders in the lump," does not pretend to *make* the animal machine, but only to set it to rights when it may be somewhat out of repair. The division, however, of medical science into the numerous specialties at present existing, may in some respects be expedient, but in others cannot fail to be disadvantageous. The

FIG. 200 First page of the first number of *The Asylum Journal* 15 November 1853, edited by Sir John C. Bucknill, which continues its uninterrupted run as *The Journal of Mental Science*, with the 'Prospectus' tracing the origin and development of 'a new school of special medicine' – psychiatry – from the labours of Pinel and Conolly.

EDITORIAL

Visiting Physicians to County Asylums. In: *The Asylum Journal*, 1854, vol. 1, no. 3, pp. 33-6

The development of psychiatry as a recognised specialty with its own hospitals and its own body of laws from a subject in which a handful of physicians had special experience and vested interest, necessitated the organisation of the profession in and around the new county asylums which were its centres. This evolution as it had far reaching repercussions may be briefly traced. In the eighteenth and earlier centuries a few physicians took an interest in the insane and treated them in private madhouses, often their own, where the day to day care fell on servants or keepers employed to run the establishment. The two major public hospitals, Bethlem and St Luke's were superintended by a steward and a master and matron respectively; in addition in the later eighteenth century there was appointed a resident apothecary to carry out the visiting or consulting physician's treatments and deal with minor ailments. The same organisation was originally adopted in the new county asylums established by the Act of 1808, the resident apothecary being styled house surgeon or resident medical officer who was soon also placed in charge of running the hospital and combined medical duties with superintending the nursing and domestic staff. So came into existence the new office of 'resident medical officer and superintendent' or simply 'medical superintendent', but without clinical autonomy since consulting physicians continued to direct treatment as before under the old system.

In 1853 the Commissioners in Lunacy in their *Report* for 1851/2 devoted an appendix to the staffing of asylums and defined the office of medical superintendent: 'He should have *paramount* Authority in the Asylum, and be precluded from private Practice, and should devote his whole Time and Energies to the Duties of his Office . . . The Commissioners consider it the preferable Arrangement that there should not be any Visiting Physician or other Medical Visitor with a Salary, but that in lieu thereof the resident Medical Superintendent should have the Power to call in Medical or Surgical Advice . . . In the Event of the Asylum becoming full . . . it may be advisable to appoint an Assistant Medical Officer'. Incidentally this hierarchy persists in many asylums to the present day (the introduction of the National Health Service in 1948 notwithstanding).

So began that division of psychiatrists into two groups of specialists within the specialty, each with different experience of a different type and class of patient – and even with its own journal [see FIGS. 186 & 200] – which has persisted more or less to this day and left its mark not only on the practice but even on the theory of psychiatry. Consulting physicians disenfranchised from

public asylum practice tended to concentrate on the earlier milder and socially superior cases in private practice, while the new group of asylum medical officers treated mainly the poor and severely disturbed. This practical division of psychiatrists into those without and those within asylums having little contact because faced with different problems, fostered a theoretical division of mental illness into milder forms or neuroses so-called and severer forms or psychoses – the former treated by individual attention to individual problems which later developed into psychotherapy. Further, the tendency to show medical students a few lunatics in an asylum as their main clinical instruction in psychiatry while treating 'neurotic' patients seen in general hospital departments as hardly deserving serious consideration, strengthened the belief that the neuroses were milder and of better prognosis that the psychoses, whereas in fact experience shows that they may be as chronically incapacitating with treatment as psychoses may be short lived and remit spontaneously without. It also fostered the notion that there was an essential difference between the two which is far from established and what is more impeded recognition of transitional forms. Fortunately for the future of psychiatry mental hospital doctors are today conducting out-patient clinics and part-time physicians are again appointed to mental hospitals so that one may look forward to a time when the breach is healed and the two halves integrated. Such a development may be expected to have considerable influence on psychiatric classification as it stands today, and by leading to better understanding of mental illness as a continuum from the mildest to the most severe bring with it more effective early treatment and so prevention of its severer forms.

The editorial quoted here from what became *The Asylum Journal of Mental Science* (which may well have been written by its editor Sir John Charles Bucknill, medical superintendent of the Devon County Lunatic Asylum) dating from the beginning of this split in the profession, drew in stinging terms the distinction between the 'psychological physician of the best and highest class . . . with his private practice and his private asylums, and his public societies' and the hard worked asylum superintendent, and demonstrated in no uncertain terms how disparate their fields of activity were even then. Continuing on the same theme the article pointed out that there 'is little analogy and much contrast between the asylum and the general hospital', the former concentrating on patients, the latter on diseases (which medicine and surgery being so much in advance of psychiatry were in a position to do), and that only where the physician's duty was confined to diagnosing and prescribing for specific diseases could a system based on consulting physicians be acceptable.

VISITING PHYSICIANS TO COUNTY ASYLUMS

At the present day, the visiting physician is indeed generally an ornamental and useless flourish only on the asylum staff, a mere incubus on the finances, without in the slightest degree either aiding or impeding the labors of the superintendent. But where such is not the case, he will be liable to become either a passive impediment, or actively detrimental to the best interests of the institution to which he has the misfortune to belong. The plan of appointing visiting physicians was in vogue so long

as diseases of the mind were attacked almost entirely by pharmaceutical remedies, and before the moral system of treatment was understood, or indeed discovered. At that time the visiting physician of an asylum discharged his duties like the corresponding officer of a general hospital. Two or three times a week he visited the institution, for an hour or so, and prescribed for the patients bleedings or vomitings, bolus, blister, or glyster; and if, notwithstanding, the patients recovered, so much the better: otherwise chronic mania and restraint, or dementia and filthiness, awaited them. None of those innumerable influences, great and small, unpurchaseable at Apothecaries' Hall, and denominated in the aggregate *moral treatment*, were put in requisition . . . Drugs alone might, perhaps, effect some good, but moral influence is now universally acknowledged to be the most potent and beneficial agent of treatment. The non-resident officer was found to be powerless in the use of the latter. The moral system of treatment can only be properly carried out under the constant superintendence, and by the continuous assistance of the physician; a circumstance which rendered it necessary that he should be resident on the scene of his labors, and not an occasional visitor merely. The introduction of this system, therefore, necessitated a change in the plan of medical attendance, and the old-fashioned one has for some time been gradually falling into well merited dissuetude . . . It is the opinion of an eminent contemporary, writing on this subject, that the 'posts of resident medical officers to our county lunatic asylums' are not sought for, and therefore are not occupied by 'the best and highest class of psychological physicians' . . . If it be true that asylum men are not comparable with the learned psychologists who are carving out their fortunes in the great metropolis, it must be remembered that London cannot supply visiting physicians to more than three or four county asylums at the utmost: unless, indeed, they make use of the electric telegraph . . . Provided with a central station, the '*psychological physician of the best and highest class*' might flash intelligence to all asylums between Aberdeen and Cornwall, and stir up the drowsy faculties of all their resident superintendents with the newest psychological revelations . . . It is sufficiently intelligible why the London specialist should desire to find himself attached officially to some great asylum, and to gild the solid pudding of lucrative private practice with the honor of public distinction. But what time could a metropolitan 'psychological physician of the best and highest class' find in which to study the peculiarities of thought, habit, and disposition, of some hundreds, or say a thousand, of insane paupers? What leisure to obtain the smallest insight into their characters? What chance of gaining the slightest influence over them? We apprehend that even the overworked and underpaid resident may find greater opportunity for intellectual culture, than such a person with his private practice, and his private asylums, and his public societies, and his various other psychological devices for obtaining name, and fame, and money. That the medical staff of some metropolitan

asylums is usually deficient, no well informed person will deny; we feel assured, however, that the only mode of applying a real remedy, and of affording efficient aid to the resident officers will be, by the appointment of resident medical assistants . . .

There is but little analogy and much contrast between the asylum and the general hospital. In the latter, the great visiting surgeons perform the great operations, and the poor must put up with having their fractures put up, and their dislocations put in, by his young dressers. The great physician prescribes for the great cases in the wards, leaving the youngsters to watch the effects of his remedies . . . But in the asylum all cases which are capable of treatment are great cases; they are all affections of the same vital organ, and under negligent or unskilful treatment, are all liable to terminate in the most lamentable manner. At the hospital the gamut runs from lithotomy to phlebotomy, and, indeed a few notes lower; but in the asylum diseased mind presents a monotone. There it is impossible to set aside important cases for the consideration of the great visiting psychologist; all cases are all important and require the unintermittent exercise of the best medical skill which can be procured for them. At the hospital, a prolongation of physical suffering may in a few instances be the result of entrusting a considerable share of the practice to juniors, against which occasional evil, the constant advantage to the public of affording students practical experience in the treatment of disease constitutes an important set off, but mental disease treated by the unskilful and the inexperienced, may become permanent and incurable; a result so fearful to the patient and of so grave a nature to society, that no possible advantage to learners, can for one moment be put in the balance against it. We are assuming for the sake of argument that the visiting physician proposed for an asylum is on a par with those of hospitals; this, however, is but an assumption, and is incorrect in fact. The latter have for long years been laborious and pains-taking students, clinical clerks, and assistants in the hospital wards, patiently qualifying themselves for practice in the only true school, namely, that of experience. But where and how has the visiting physician of the best and highest class qualified himself for the duties he covets in the county asylum? His claims to psychological distinction may be dependent upon authorship, or relationship, or upon divine genius, but he has certainly not worked his way through gradations of experience and of office in an asylum, and therein he differs widely from the visiting physician of the general hospital. The asylum is unlike the general hospital in many particulars, besides the above-mentioned . . . If through the imperfection of laws or the parsimony of those who execute them, the inmates of public asylums do not receive skilful and sufficient care and treatment, they are defrauded of their just rights; and to remedy such a defect by procuring medical aid as the great hospital charities procure it, would be a condonation of the wrong. The comparison of the asylum to the general hospital as an argument, was fit only *ad captandum vulgus*.

PLINY EARLE (1809–1892)

MD Pennsylvania, physician, The Friends Retreat, Frankford 1840–44; superintendent, Bloomingdale Asylum, New York 1844–9; professor of 'psychologic medicine', Berkshire Medical Institute, Pittsfield, Mass. 1863; superintendent, Northampton Lunatic Hospital, Mass. 1864–85; President of the American Psychiatric Association 1884–5

Institutions for the insane in Prussia, Austria and Germany, 1854 *New York, Wood* (pp. 229+16) pp. 5-16, 19-26, 28-9

In the first half of the nineteenth century the German speaking schools of psychiatry made little impact in England or America, being overshadowed by the French, but in the second half reached a position of at least equal influence through the growth of periodical literature and the English translations of Feuchtersleben's *The principles of medical psychology*, 1847 and Griesinger's *Mental pathology and therapeutics*, 1867. Earle did much to diffuse knowledge of views on insanity and how the insane were treated in Germany in the book quoted here – based on a tour of thirty-five European asylums made in 1846 – which played an important part towards making psychiatry international. Indeed it may be considered his chief work next to his later studies on *The curability of insanity*, 1877 and 1887 (he made many contributions to journals and books as well as writing annual reports). 'With a knowledge of the labors of these distinguished modern pioneers, Pinel and Tuke' he wrote 'and of their compeers and successors in their native countries, we have pursued our way without the endeavour to push our researches beyond the limits of Great Britain and France'. It was to correct the 'general impression . . . that, aside from the countries mentioned, the nations of Europe had made but little progress in this department of the profession' that he gave this detailed account of German psychiatry and mental hospital practice. From it are chosen the development of psychiatric journals; a summary of the tenets of the 'Psychic', 'Somatic' and 'Psycho-Somatic' schools; views on the optimum size of asylums and the then much debated question whether curable and supposed incurable patients should be separated in special hospitals (to which the answer of today is in the affirmative even if the problem is not discussed in these terms as the recent development of short-stay psychiatric centres shows); and finally how psychiatry may best be taught, from which the astonishing fact emerges that the first chair of psychological medicine was established as early as 1811 in Leipzig. Earle himself was greatly interested in the teaching of his specialty and in fact in 1863 held the first American chair albeit at a temporary university.

That broad field of the medical profession in Prussia, Austria and Germany, in which the laborers are endeavouring to restore the alienated mind, and to render the condition of those persons for whom such restoration is impossible as comfortable as circumstances will permit, has hitherto been almost *terra incognita* to the physicians of the United States . . . For the purpose of giving a more comprehensive idea of the general subject of insanity, in Germany . . . I propose . . . to enter briefly into its history, and subsequently to touch upon some points of particular interest connected with Hospitals and the treatment of their patients . . .

The theory of mental disease has, for more than half a century, received no small share of attention from the German physicians and philosophers . . . Their observations and reflections . . . were . . . embodied, and found expression through the periodical press long before the close of the last century. A magazine chiefly devoted to the doctrines and treatment of mental disorders was commenced in 1783, but its existence was ephemeral. The honor of establishing the first periodical exclusively devoted to those subjects, is conceded to Dr. Reil . . . in the year 1805 . . . In 1808, Dr. Reil, in connection with Professor Hoffbauer, of the University of Halle, commenced another periodical of a similar character, entitled '*Researches upon the Method of Cure in Mental Disorders*'. This, too, was doomed to but a brief existence . . . In 1818, Nasse commenced his '*Journal of Psychological Medicine, with Special Considerations upon Magnetism*'. It received more assistance . . . than any of its predecessors, and was published eight years . . . The influence of the Journal was favourable to the cause of the insane, as it disseminated, to some extent, a knowledge of their wants, increased the taste for the study of mental disorders, and awakened in its readers, of what ever doctrine, an interest in the improvement of hospitals . . .

It was not until after the establishment of Nasse's Journal that extremes upon the theory of insanity began to be taken. The various authors advocated their individual opinions, and opposed those of their opponents, with an earnestness and warmth of zeal not invariably restricted within the limits of commendable moderation. No other discussions are so liable to become intemperate as those upon subjects which are insusceptible of positive demonstration, – beyond the possible reach of any decisive test . . . As soldiers of contending armies follow their generals, so the physicians of the German schools thronged to the standards of their chiefs. Jacobi became generally acknowledged as the leader of the Somatics, Zeller of the Psycho-Somatics, and the spiritual Heinroth, he of the towering genius and the giant intellect, of the Psychics. Dr. Heinroth [1773-1843] was . . . a pupil of the great reformator of Lunatic Asylums, Pinel . . . After his return to Leipsic, the Saxon government created a chair of psychiatrie for him, in the University [1811] . . . He first introduced the

system of Pinel into Germany, and translated . . . the works of both Pinel and Esquirol . . .

There is not . . . entire unanimity of sentiment among the advocates of the Somatic doctrine. They all believe that the causative, conditional or necessary lesion in insanity is physical; but while some contend that it must be in the special organ of the mind, the brain, others maintain that it may be in some of the other viscera. Among the supporters of the former theory, is Dr. J. B. Friedreich [1796-1862] . . . who published, besides other works, an '*Exposition of the Theories upon the Nature and the Seat of Mental Diseases* (Leipsig, 1836). He denounces the psychical doctrine of Heinroth as 'diabolical' . . . The theory of Dr. Heinroth is based upon the assertion that insanity begins in vice – in a deterioration of the moral sentiments . . . In 1845, *The Journal of Psychiatrie and Psycho-legal Medicine* (*Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin*, Berlin) was established, with Dr. Damerow, of the institution at Halle, as its principal editor, and Drs. Flemming and Roller, the latter of Illenau Asylum, as associates . . . Its editor in chief is one of the most prominent advocates of the doctrines of the Psycho-Somatic school, but both his associates are Somatics. Among its collaborators are found all the gradations of theory, from the somatic to the psychic. Since the death of Heinroth, Dr. Ideler, of Berlin, is the acknowledged leader of the Psychic school. But, as time has progressed, the conflict of opinions has measurably subsided. The attention of physicians has been diverted from the comparatively barren field of hypothetical controversy, to the more useful domain of practical science, the improvement of hospitals and the treatment of their inmates. . . .

The Asylum at Vienna, long, but of late years not very favorably known as the *Narrenthurm*, was completed and opened in 1784, and was probably at that period the best establishment of the kind, as it was the only one *exclusively* devoted to the insane, throughout the German nations . . . An idea of the condition of the German Asylums at the commencement of the present century, may be derived from the language of one of their native authors. Reil, in his '*Rhapsodies upon the application of the Psychical Curative Treatment in Mental Disorders*', published in 1803, wrote . . .: 'They are mad-houses, not merely by reason of their inmates, but more especially because they are the very opposite, of what they were intended to be. They are neither curative institutions, nor such Asylums for the incurable as humanity can tolerate; they are, for the most part, veritable dens . . . they are wanting in all the physical and moral means necessary to the cure of their patients' . . . The Asylum of New Ruppin was opened in 1801. In 1805, the government of the kingdom of Saxony . . . took measures for the foundation of the curative establishment of Sonnenstein . . . In other parts of Prussia and Germany . . . a general interest began to be more actively awakened in regard to the public institutions.

As one evidence of this, Dr. Langermann, a prominent physician con-

nected with the Asylum at Baireuth, was called to Berlin in 1810 for the purpose of organizing the institutions for the insane. In the early part of the second decennium of the current century, the hospital of Sonnenstein was opened . . . During the third decennium, the progress of improvement was more rapid than at any antecedent period. The institution at Prague was opened . . . in 1822 . . . The Asylum at Siegburg went into operation in 1825, that of Dusseldorf in 1826, that of Hildesheim in 1827, and Colditz in 1829 . . . and before the termination of the decade, the preliminary measures were taken which eventually resulted in the erection of the excellent establishment of Illenau . . .

In Germany, it appears to be generally conceded that, where the numbers of the insane are sufficiently large, the curables and the incurables should be separated . . . But the important proposition has arisen, whether the institutions for the two classes ought to be entirely disjoined, and independent each of the other, or, on the contrary, in 'relative union' . . . in the same vicinage and under one and the same executive control. This subject has been discussed by various authors, perhaps by no one at greater length, or with more ability than Dr. Damerow (*Ueber die relative Verbindung der Irrenheil- und Pflege-anstalten in historisch-kritischer, so wie in moralischer, wissenschaftlicher und administrativer Beziehung*, Leipzig, 1840). He advocates the cause of their 'relative union'. Dr. Viszanik espouses the same side of the question and argues with no little warmth. Both he and other writers attach great importance to the injurious influence which they believe that the idea of entering an asylum for incurables would exert upon the patients . . . The difficulty of deciding in regard to the curability of patients is another prominent argument. 'When, and how often', asks the author just quoted, 'can a physician venture, with a quiet conscience, to express an opinion of incurability, like a sentence of condemnation?' 'God only knows', said Langermann, the Prussian State's Counsellor, 'whether an insane person can be cured or not' . . . The spheres of the two institutions are very different . . . The constant changes of patients, in curative hospitals, requires different house-regulations, and a different relation with the outer world from those which are adapted to an asylum which becomes the permanent residence of its inmates. In asylums for the incurable, various handicrafts may be regularly and systematically pursued, which cannot be prosecuted in those for curables because, almost as soon as the patients begin to work, they are discharged. As the two institutions must be managed upon different principles, they will mutually interfere, each becoming a source of trouble and annoyance to the other. The interests of the incurables will then be sacrificed to that of the curables, and the asylum for the former will sink into a mere house of detention . . . But, after all that has been said and written . . . it appears to me that the true method to be pursued, in regard to lunatic asylums, is this: let no institution have more than two hundred patients, and let all receive both curables and incurables, in the natural

proportion in which applications are made for the admission of the two classes, from the respective districts in which these institutions are located.

Perhaps there will be no more appropriate place than the present to introduce a subject . . . fraught with vital importance in respect to the welfare of the insane. I allude to the instruction of medical students in mental disorders . . . The Germans, although they have not yet arrived at perfection in regard to this subject, are nevertheless far in advance of the Americans. Physicians who have written upon it, while they are unanimous, so far as I am aware, in the opinion of the necessity of giving instruction in mental disorders, and that the theory should be taught from the chairs of the medical colleges, differ in respect, to the method by which the practice should be inculcated. Some advocate the establishment of clinics in the asylums; others call for such clinics in the universities; and a third class demand that physicians, immediately or soon after they have graduated, shall be temporarily admitted in to the asylums, there to study the disease. Reil, so long ago as the year 1803, advised that a number of suitable persons should be selected from among the medical students and placed in the asylums, where, while learning the peculiar art, they might render assistance in the treatment of the patients. Dr. Roller also disapproves of clinics in the ayslums. He would have a professorship of mental diseases (psychiatrie) as well as clinical instruction, in each university . . . He also proposes to take six physicians, immediately after they have completed their other medical studies, as *internes* into the Illenau Asylum . . . Heinroth advocated this method, declaring that 'a physician only half understands his art if he has not a knowledge of mental diseases' . . . Clinical instruction has been given, for many years, at the Charity Hospital, in Berlin. In a work (*Grundrisse der Seelenheilkunde*) published in 1835, Dr. Ideler maintains that, if the teacher selects the patients skilfully, proceeds with the necessary prudence, and confines himself strictly within the bounds of propriety, he may question them, even in the presence of strangers, upon all the secrets of their hearts, and elicit such answers and remarks as shall impart a full knowledge of their cases; Dr. Riedel, of the Bohemian Asylum, at Prague, has given instruction in mental diseases, ever since the year 1841; Dr. Damerow, of Halle, has held clinics in the Institution of which he is Superintendent, several years. Students in the last year of their studies are alone permitted to attend them, and they are not allowed to enter the departments of the patients, unless by special permission. Instruction is imparted by lectures, the exhibition of the results of autopsical researches, and the examination of patients. No insane person, however, is brought before the audience, if there are family or other important objections to such a proceeding.

SIR WILLIAM CHARLES HOOD

CRIMINAL LUNATICS, 1854

SUGGESTIONS

FOR THE

FUTURE PROVISION

OF

CRIMINAL LUNATICS.

BY

W. CHARLES HOOD, M.D.

[illegible]

"THEY SHALL BE KEPT, MAINTAINED, AND CURED."

STATUTE GEORGE II. C. 6, S. 17

LONDON:

JOHN CHURCHILL, PRINCE'S STREET, SOHO.

MDCCCLIV.

FIG. 201 Title-page of *Suggestions for the future provision of criminal lunatics*, 1854 by Sir William Charles Hood (1824–1870), MD St Andrews, FRCP Lond. & Edin., first medical superintendent of the Middlesex County Lunatic Asylum, Colney Hatch 1851-2, and of Bethlem Hospital 1852–62; Lord Chancellor's Visitor in Lunacy; Treasurer of Bridewell and Bethlem Hospitals 1868–70.

Following the report of the Parliamentary Committee of 1807 [see Paul, p. 621] the Government through the Secretary of State for the Home Department Lord Sidmouth, son of Dr Addington [see p. 510] made an agreement with the governors of Bethlem Hospital that their new hospital (opened 1815) should have two wings annexed for sixty criminal lunatics whose maintenance would be borne by Government but whose management would be under the Hospital. In 1838 when the new Bethlem was enlarged to hold 364 patients the accom-

modation for criminal lunatics was also doubled (Sir Peter Laurie: *A narrative of the proceedings at the laying of the first stone of the new buildings at Bethlem Hospital*, 1838), so when Hood became superintendent in 1852 he had charge of more than 100 of the country's 436 criminal lunatics. Thus he was well placed to suggest improvements, among them that only major offenders should be sent to Bethlem or other State institution when available, while minor offenders should be admitted to special wards in county asylums, and both to come under the Lunacy Commissioners who should have the same jurisdiction over them as over other lunatics including the right of discharge if they recovered their reason (at this time to be detained 'until Her Majesty's pleasure be known' amounted to a sentence for life albeit in an asylum). In 1860 when the State Criminal Lunatic Asylum, Broadmoor, was being planned Hood returned to this theme in *Criminal Lunatics. A letter to the Chairman of the Commissioners in Lunacy* and pointed to the anomalous position that 'under the plea of Not Guilty' a prisoner could 'allege that he did not commit the offence for which he is charged, and that when he did commit it he was of unsound mind'. He also criticised the manner of establishing insanity by prosecution and defence pitting physician against physician and specialist against specialist 'not to obtain the truth, but to obtain a verdict for their respective clients'.

Hood who was Bethlem's first superintendent (non-resident physicians in clinical charge were abolished when Edward Thomas Monro and Alexander Morison were compulsorily retired in 1853) was also responsible for transforming it from an asylum for the poor and mad which it had been for nearly 500 years into a mental hospital for private patients. For this there were a number of reasons. By the 1850s the demand for accommodation in Bethlem was dwindling year by year as county authorities accommodated their pauper lunatics in their own newly built asylums. Secondly the Commissioners in Lunacy whose inspection and regulations Bethlem had until then successfully resisted, gained entry for the first time in 1851 on a Secretary of State's warrant to investigate complaints of maltreatment which had been laid before them. Enquiries and published reports followed with the result that the hospital was reorganised, new staff appointed and it was brought at last within the aegis of the Lunacy Commissioners on a par with all other asylums by a special clause in the comprehensive and consolidating lunacy legislation of 1853 (16 & 17 Vict., c. 96 & 97). Details of this important period are recorded in *The seventh annual report of the Commissioners in Lunacy . . . for the year ending 30th June 1852*, 1853; *The observations of the governors upon the report of the Commissioners in Lunacy . . . on Bethlem Hospital*, 1852; *Return . . . for copies of all reports of the Commissioners in Lunacy . . . as to the state and management of Bethlehem Hospital, and of all correspondence thereon*, 1853. By 1859 the governors of Bethlem were able to defeat an attempt by the City of London to make the hospital a county asylum for its pauper lunatics (which in 1866 was housed at Stone, Dartford). And finally when the last criminal lunatic was transferred to Broadmoor in 1864 Bethlem broke its last link with the past and became a hospital for patients of a superior class. In the year of his retirement from Bethlem Hood published a new edition of *Statistics of insanity; embracing a report of Bethlem Hospital, from 1846 to 1860*, 1862 (which had first appeared in 1856 covering the years 1846–55), an analysis of the impressive total of 3668 'curable' patients by age, sex, domestic and social 'condition', education, causes, duration, type of illness and so on.

CHARLES WEST (1816–1898)

MD Berlin, FRCP, physician to the Infirmary for Children, Lambeth; lecturer on midwifery, Middlesex Hospital 1845; physician-accoucheur and lecturer on midwifery, St Bartholomew's Hospital 1848; founder and physician to the Hospital for Sick Children, Great Ormond Street

Lectures on the diseases of infancy and childhood, 1854 *London, Longman* et al. Third edition pp. 189–90, 192–4, 196–8, 200–1

First published 1848; a seventh edition 1884

These *Lectures* were originally 'addressed to the pupils of the Middlesex Hospital in the summer of 1847' and were based on 'observations . . . made in the large field presented by the Children's Infirmary', Lambeth, to which West had been physician from 1842. In the preparation of the third edition he had the additional experience of two years at the Hospital for Sick Children, Great Ormond Street, which he had been instrumental in founding, and by this time had had a total of 20,000 children under his care. In it there appeared for the first time 'a separate Lecture on Disorders of the Mind in Childhood' from which the extract is taken. He apologised for his remarks being 'so fragmentary and incomplete' but explained their deficiencies 'by the absence of any institution in this country to which medical men are allowed access for purposes of study, or from whose reports they could gain any information concerning those saddest of all affections of early life. When this excuse ceases to be valid' he added, 'I shall most gladly cancel what I have written so imperfectly'. He divided the subject into three sections: 'Night terrors', 'Disorders of the Mind in childhood', and 'Idiocy'. West was therefore the first pediatrician who realised that children have their own characteristic psychological problems and disturbances and who drew the attention of physicians to the special features of behaviour and neurotic disorders of childhood and those of handicapped children. This field has developed so greatly that it is today an important branch of psychiatry, a specialty of its own within the specialty, and has become more important still since it was recognised that infantile experiences may determine the mental ease or disease of adult life.

CHILD PSYCHIATRY

In the first of this course of Lectures, I pointed out to you the peculiarities impressed on the diseases of early life by the circumstance that childhood is a period of development. The peculiarities of the mind in early life are, however, more numerous and more important than even those of the

body, and impart their characters to its diseases. A child's experience is small, his ideas are few, and those are gathered from the world around him, not from his own reflections, while one impression succeeds another with greater rapidity than his feeble memory can hold fast. Hence, in disorders of the mind in early life, we do not meet with the distinct hallucinations, the fixed ideas, which characterise insanity in the adult. But though the intellectual powers are imperfectly developed, the feelings and the impulses are stronger, or, at least, less under control, than they become with advancing years . . . Mental disorders, then, show themselves in the exaggeration of those feelings, the uncontrollable character of those impulses; in the inability or the indisposition to listen to that advice or to be swayed by those motives which govern other children. The affection, in short, is of that kind to which the name of moral insanity is usually given . . .

Now it is my belief that practitioners in general have not their attention sufficiently alive to some of these forms of mental disorder in early life. They are familiar with the idea of the idiot, as a being incapable of learning anything, unfit to take care of himself, still pleased with the toys of babyhood . . . They are acquainted, too, with the general characters of cretinism, where the mind and body are alike dwarfed and misshapen by the influence of an unhealthy dwelling; but cases such as I have just referred to scarcely attract their notice. They are passed by as anomalies, as painful instances of some extreme badness, or of ungovernable temper, or of strange oddity about the child, from the study of which there is nothing to be learned, and for its remedy nothing to be suggested. Many of these anomalous cases are, I believe, instances of a kind of *mental disorder* especially liable to issue in confirmed insanity. I have already assigned reasons for the opinion that affections of the mind in childhood must oftener display themselves in perversion of the moral faculties than in disorder of the intellectual powers; and bearing this in mind, I would always watch with close attention those cases of extremely bad disposition, of unconquerable stubbornness, or unmanageable fury . . .

A little girl, aged 10½ years, whose mother, though a woman of considerable talent, had shown many peculiarities of character, came under my care on account of attacks of headache of the most intense severity . . . Apparently nothing could be more arbitrary than the occurrence of these headaches; present at one time with excruciating severity, absent at another for weeks together. A constipated state of the bowels, and a capricious appetite, were the only abiding symptoms of ill-health which existed . . . The first time I saw her, her countenance was anxious and expresive of intense suffering. She sat with her hand to her head, crying out vociferously, and assserting her inability to move from one room to another; though on being told decidedly that she must walk, she at once rose from the chair where she was crouching, and walked easily and firmly into another apartment . . . there was a loss of interest in all childish

pursuits, a waywardness and irritability quite unnatural in a girl of her age; and though now and then roused by some occurrence which interested her, she soon relapsed into her former condition. Sometimes she would rise before six o'clock in the morning, and go for a walk with her maid; while at other times she would lie in bed till a late hour. Her appetite was never large, but there were times when she took food moderately well, while at others she rejected it; and at last absolutely refused to feed herself; so that it became necessary to feed her like an infant. She clung to her mother during the whole of this time with the most exaggerated protestations of affection, but it was obvious that her complaints were always louder and more constant in her mother's presence; and when accidental circumstances took her mother for a few days from home, there was a marked improvement in the child's condition. If I came into the room unexpectedly, the child was often found at cheerful play; but the moment she perceived me, her hand was re-applied to her head, and her moan recommenced. Treatment of the most different kinds had been tried for years; the mother's conviction in the existence of some very serious disease was strengthened by the inutility of medicine; and her sympathy with her child, and lamentations over her sufferings, were often expressed in the child's presence. My opinion that no serious disease existed, that the complaints were exaggerated, that the mind needed discipline more than the body did medicine, that the child's cure would be difficult, if not impossible, so long as she remained with her mother, – was unpalatable, and was considered unkind. To turn the attention into new channels; to lay aside ordinary tasks, such as hitherto, when apparently well enough to engage in them, she was set to; to give her the charge of live animals, and to endeavor, by teaching her something of their habits, or something of plants and flowers, which a country residence would have rendered easy, – did not seem to be the rules that a doctor was expected to give. Physic was what the mother came to me for, and as I could not undertake the child's cure by drugs, she was soon removed from under my care . . .

Now in cases of this description, and in others of a similar kind which have come under my notice, it is much less the state of the body than that of the mind which excites my apprehension. The constant watching its own sensations, the habit of constantly gratifying every wayward wish and temper under the plea of illness, and the constant indulgence which it meets with in this from a mother's over-kindness, exert a most injurious influence on the child's character, and it grows up a juvenile hypochondriac . . . Another phase of mental disorder in childhood sometimes presents itself to us as the result of over-tasking the intellectual powers. This over-work, too, is by no means in all cases due to the parents unwisely urging the child forward, but is often quite voluntary on its part . . . I believe the recognition of the real danger, and the adoption of a proper plan of management, to be of the greatest possible importance in these cases; and yet the doing so is often attended with great difficulty. Not

merely is the danger at which we hint so fearful, but the idea of permanent disorder of the mind occurring in childhood seems to the parents, so strange, even so improbable, that they are disposed too often to think the risk an imaginary one, and to reject the counsel which we offer concerning the best manner of its avoidance. Moreover, the recommendation, which I believe to be a sound one, that in almost all of these cases the child should be separated from its parents, while it adds to their distress, diminishes at the same time the probabilities of their compliance. I am certain, however, that the parents are very rarely the best persons to carry out the management of the child; often, that they are the very worst to whom it could be entrusted. The very motives which, in the proper relation between parent and child, are the most cogent to induce the latter's obedience, are not of a kind to be exposed to the wayward caprices of that child when its moral faculty is perverted. With the most undeviating kindness, there is yet necessary in the management of such a patient a complete impassibility, if I may use the word. 'You grieve me,' 'You make me sad by this or that conduct, by this wilfulness, or this fit of fury,' is in these cases too often but an announcement to the child of a never-failing mode of annoying those whom he may wish to vex, and the discovery of this power is alone sufficient to weaken their authority and control.

Idiocy is unquestionably of much more frequent occurrence in childhood than are those affections of the mind which have hitherto engaged our attention. The term idiocy, however, is a very wide one, including conditions differing remarkably from each other, both in kind and in degree, while not seldom it is misapplied to cases in which there is mere backwardness of the intellectual powers. Backward children – '*enfans arriérés*,' as the French call them – constitute a class by no means seldom met with. They generally attain their bodily development slowly, and the development of their mind is equally tardy. They cut their teeth late, walk late, talk late, are slow in learning to dress and to wash themselves, are generally dull in their perceptions, and do not lay aside the habits of infancy till far advanced in childhood. When the time comes for positive instruction, their slowness almost wears out every one's patience . . . Still, dull as such children may be, and duller still though they must needs become if allowed to grow up untaught to manhood, there is a difference between them and idiots . . .

It is well, in all cases of unusual backwardness, to ascertain the condition of the sense of hearing, and of the power of speech; for I have known the existence of deafness long overlooked, and the child's dullness and inability to speak referred erroneously to intellectual deficiency; and have also observed mere difficulty of articulation, partly dependent on malformation of the mouth, lead to a similar misapprehension . . . A similar effect is not infrequently produced by serious illness.

JOHN THOMAS ARLIDGE (1822–1899)

MD Lond., MRCS, FRCP, apothecary (otherwise resident medical officer) St Luke's Hospital 1850–2; physician to the West London Hospital, and to the Surrey, Chelsea and Farringdon Dispensaries and Kensington House Private Asylum; physician to the North Staffordshire Infirmary, Newcastle-under-Lyme from 1862

1. *An examination of the practice of bloodletting in mental disorders, by Pliny Earle, M.D. New York, 1854.* In: *The Asylum Journal of Mental Science*, 1856, vol. 2, pp. 167–75

2. *On the state of lunacy and the legal provision for the insane, with observations on the construction and organization of asylums*, 1859 *London, Churchill* (pp. xv+213) pp. 102–4

A pupil of Conolly to whose biography by Sir James Clark (1869) he contributed 'Notes on Foreign Asylums' and a frequent contributor to the psychological literature on subjects related to insanity and institutions for the insane which he visited during travels at home and abroad, Arlidge was one of the few physicians who turned from psychiatry to medicine in which he achieved fame with a book on *The diseases of occupations*, 1892. This change of interest may have been due to the unsatisfactory and consequently to the practitioner unsatisfying state of psychiatric treatment. The new humane approach to the insane culminating in the non-restraint system had swept away not only the old coercive and restrictive measures but also many of the afflicting treatments which like restraint were intended to subdue and to reduce patients to 'normality'. In their stead ruled moral treatment reflecting all the new attitudes which arose from regarding the insane no longer as either sub- or superhuman: kindness, tolerance, freedom from irritation, ample diet, work, instruction and entertainment. Placed in these circumstances and provided with tonic medicines and correctives for physical disorders, many patients improved and the furiously mad became quiet and fewer, so that it was hoped most patients would recover in time. Moral treatment – perhaps because so much effort had gone into its achievement for so long – had become an end instead of a means. In short the wheel had come almost full circle: all was done to foster spontaneous recovery, a possibility hardly considered in psychiatry – as indeed in medicine in general – in the heyday of physical treatments in earlier centuries [see Turner 1697]. Psychotherapy of course as it is understood and experimented with today was not then visualised. Accordingly the vacuum so created invited a new wave of activity with empirical treatments in the later nineteenth century. Just as this was petering out in the early twentieth century the success of malarial and

arsenical treatment for general paralysis of the insane gave fresh impetus to the age-old search for specific antimaniacals which not only persists to this day but has reached another peak in the endeavour by psychiatrists to keep pace with the great therapeutic advances and specific remedies of medicine.

Arlidge foresaw the danger that patients would be allowed to stagnate if therapeutic nihilism were to become general and the effect it would have on the morale of the psychiatrist if reduced to the role of custodian: 'The notion that medicine is inoperative in mental disorder has done immense mischief'. To him empirical treatments did good if only by creating an atmosphere of activity and hope – provided they were not actually harmful as bleeding certainly was. He therefore took the opportunity offered by Pliny Earle's book to point out that 'insanity' must be looked upon as a disease of the brain, because only on this assumption could the notion that it was 'amenable to medicine' – which alone meant treatment to him – be maintained.

Arlidge reviewed Earle's book at length because it dealt with the oldest and most widely used treatment of insanity 'hoping to have the question of bloodletting thoroughly handled, and to learn the views of American asylum officers on the subject' who could be expected to have had the largest experience since Benjamin Rush had reintroduced it there with a vengeance. Like 'all those engaged in the treatment of the insane, in this country' Arlidge agreed with Earle on 'the inutility' and often 'positive mischief of general bloodletting', but criticised the method by which he had assessed its value. Instead of collecting 'statistics in illustration of its use' Earle had simply added up 'the gentlemen who are in favour of bloodletting and those who are opposed to it . . . a sapient proceeding to determine a line of practice, making the multiplication of books by one or other party . . . a test of the accuracy of the views advanced'. Today when new drugs and new treatments are continually introduced his criticism is still – and even more – to the point that they should be assessed by the stringent standards of science instead of by appeals to authority and the publication of some favourable results whether in books as in Earle's time or in periodicals today. However hard to achieve, such strict scientific methodology in the assessment of results remains one of the major desiderata and its lack or neglect is one of the reasons why in psychiatry treatments however speculative or erroneously conceived are so readily accepted and die so hard. Of these bleeding which reigned for thousands of years is the classical example and many more are listed in *The treatment of insanity*, 1846 (New York) by John Minson Galt, M.D, medical superintendent of the Lunatic Asylum at Williamsburg, Virginia, a book of nearly 600 pages of résumés of treatments recommended by contemporary English and French authors.

In the second extract Arlidge expanded the 'causes diminishing the curability of insanity, and involving the multiplication of chronic lunatics' under such headings as 'Magisterial interference. Excessive size of Asylums. Insufficient medical supervision', particularly the last. 'In all cases admitting of recovery . . . a gigantic asylum is a gigantic evil' he proclaimed like so many contemporaries and for reasons which are as true today as they were then and which only very recently came to be fully appreciated. The book incidentally provided an excellent review of 'the state of lunacy' one hundred years ago when the estimated number of insane persons in England and Wales amounted to 41,000 and asylum accommodation remained to be created for nearly 15,000 pauper

lunatics who were still under the care of the Poor Law Commissioners in workhouses and other unsuitable institutions.

BLOODLETTING AND EMPIRICAL TREATMENTS

The therapeutics of mental disorders demand a much more lively interest and a closer attention than they at present receive. The so-called moral treatment usurps the too exclusive consideration of psychological physicians, as if insanity were something other than a corporeal disease, or a malady not amenable to medicine.

The preponderating importance given to moral treatment is undoubtedly the result of the strong reaction against the neglect of it during past ages; but the pendulum of opinion has swung too far, the just medium has been passed, and the insane are suffering by the present extreme views. Can a man, imagining himself a king, or a millionaire, be physicked out of his delusion; or what medicine must be prescribed to rid him of it? may be put as a question to be answered by an immediate negative, or to be ridiculed in the supposed absurdity of an affirmative reply. Yet a little reflection will shew that an hypothesis of insanity lurks under the question. Is the delusion a freak of an immaterial something? If so, the notion that a dose of physic can repair the derangement may well be derided. But is it not rather the sign that a material, visible, and tangible organ or tissue is disordered; that a part of the man as material as his liver is unhinged, and that, like his liver, it is the seat of some morbid action, and just as much a subject for medical treatment?

The notion that medicine is inoperative in mental disorder has done immense mischief. It has led the public to regard insanity as almost incurable, or as curable only by accident; and, consequently, to neglect seeking medical aid, except to secure for their friends when unmanageable at home, the care and protection of an asylum. It has induced magistrates to hold medical men in little estimation as *physicians* of asylums, and to view them merely as useful and superior stewards in directing the general management and moral treatment, and as safeguards in case of casualties and of accidental disease. From the public and their magisterial trustees, the opinion has reacted injuriously on the superintendents of asylums. Leaving out of view the hopelessness of carrying out any well digested system of medical treatment, in the case of those still amenable to it, lost as they are amid the multitude of chronic incurables which he is appointed to superintend, the medical officer is especially prompted, – if he wish to stand well with the Committee, – to develope the moral management and domestic economy to the utmost; – to exhibit well-kept wards, well-clothed and well-fed patients, well-filled workrooms, and a well-stocked and worked farm; and, above all, a good balance from the patients' earnings, as a set-off to the cost of their maintenance. In these good deeds,

we fear, the attention and energies of many medical superintendents are too exclusively engaged. However, to borrow here a legitimate quotation, 'These things ought ye to have done, and not have left the others undone.'

A GIGANTIC ASYLUM IS A GIGANTIC EVIL

Many asylums have grown to such a magnitude, that their general management is unwieldy, and their due medical and moral care and supervision an impossibility. They have grown into lunatic colonies of eight or nine hundred, or even of a thousand or more inhabitants, comfortably lodged and clothed, fed by a not illiberal commissariat, watched and waited on by well-paid attendants, disciplined and drilled to a well-ordered routine, gratified by entertainments, and employed where practicable, and, on the whole, considered as paupers, very well off; but in the character of patients, labouring under a malady very amenable to treatment, if not too long neglected, far from receiving due consideration and care.

Although the aggregation of large numbers of diseased persons, and of lunatics among others, is to be deprecated on various grounds, hygienic and others, yet the objections might be felt as of less weight, contrasted with the presumed economical and administrative advantages accruing from the proceeding, were the medical staff proportionately augmented, and the mental malady of the inmates of a chronic and generally incurable character. But, in the instance of the monster asylums referred to, neither is the medical staff at all proportionate to the number of patients, nor are their inmates exclusively chronic lunatics. The medical officer is charged with the care and supervision of some three, four, or five hundred insane people, among whom are cases of recent attack, and of bodily disease of every degree of severity, and to whom a considerable accession of fresh cases is annually made; and to his duties as physician are added more or fewer details of administration, and all those of the internal management of the institution, which bear upon the moral treatment of its inmates, and are necessary even to an attempt at its harmonious and successful working.

Now, little reflection is needed to beget the conviction, that a medical man thus surcharged with duties cannot efficiently perform them; and the greater will his insufficiency be, the larger the number of admissions, and of recent or other cases demanding medical treatment. He may contrive, indeed, to keep his asylum in good order, to secure cleanliness and general quiet, to provide an ample general dietary, and such like, but he will be unable to do all that he ought to do for the cure and relief of the patients entrusted to him as a physician. To treat insane people aright, they must be treated as individuals, and not *en masse*; they must be individually known, studied, and attended to both morally and medically. If recent insanity is to be treated, each case must be closely watched in all its psychical and physical manifestations, and its treatment be varied accord-

ing to its changing conditions. Can a medical man, surrounded by several hundred insane patients, single-handed, fulfil his medical duties to them effectively, even had he no other duties to perform, and were relieved from the general direction of the asylum? . . .

The inadequacy of the medical staff of most asylums is a consequence, in part, of the conduct of superintendents themselves, and in part of the notions of economy, and of the little value in which medical aid is held by Visiting Justices in general. The contrast of a well-ordered asylum at the present day, with the prison houses, the ill-usage and neglect of the unhappy insane at a period so little removed from it, has produced so striking an effect on mankind at large, that public attention is attracted and riveted to those measures whereby the change has been brought about; in other words, to the moral means of treatment, – to the liberty granted, the comforts of life secured, the amusements contrived, and the useful employment promoted, – all which can, to a greater or less extent, be carried out equally by an unprofessional as by a professional man. It is therefore not so surprising that the importance of a medical attendant is little appreciated, and that the value of medical treatment is little heeded . . .

In a colossal refuge for the insane, a patient may be said to lose his individuality, and to become a member of a machine so put together as to move with precise regularity and invariable routine; – a triumph of skill adapted to show how such unpromising materials as crazy men and women may be drilled into order and guided by rule, but not an apparatus calculated to restore their pristine condition and their independent self-governing existence.

JOHN CONOLLY [see also p. 805]

Resident physician, Middlesex County Lunatic Asylum, Hanwell 1839–44; consulting physician 1845–48; visiting physician 1849–52; President of the Medico-Psychological Association 1858 (chairman of its parent body the Association of Medical Officers of Asylums 1843 and 1851)

The treatment of the insane without mechanical restraints, 1856 *London, Smith, Elder* (pp. xii+380) pp. 30–8, 59–65, 247; 73–9; 97–100; 282–3

THE

TREATMENT OF THE INSANE

WITHOUT

MECHANICAL RESTRAINTS.

BY

JOHN CONOLLY, M.D., EDIN.,

HON. D.C.L., OXON.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON,

CONSULTING PHYSICIAN TO THE MIDDLESEX LUNATIC ASYLUM AT HANWELL.

LONDON:

SMITH, ELDER & CO., 65, CORNHILL.

1856.

[*The right of Translation is reserved.*]

FIG. 202 Title-page of John Conolly's *The treatment of the insane without mechanical restraints*, 1856.

Conolly and his work for the 'non-restraint system' with which his name is inseparably linked marked the successful conclusion of a movement which commenced with Pinel and which created a new epoch in the lives of the insane and a new approach to insanity not only in the British Isles but throughout the civilised world. According to Sir James Crichton-Browne (1926) he was 'a Wilberforce who devoted his life to the abolition of slavery of a particularly grievous kind . . . no member of his profession – except Jenner and Lister – has done a tithe as much as he to ward off and alleviate human suffering'. The bust of 'the late John Conolly' said Sir Thomas Watson in 1867 when accepting it as President on behalf of the Royal College of Physicians from the (Royal) Medico-Psychological Association, 'is not unworthy of being associated here with those of Sydenham, of Mead, of Harvey . . . Like theirs . . . his name will go down to a remote posterity, and be reckoned among those of the greatest and most noble benefactors . . . that our profession and our country has ever produced'. Within four months of starting his appointment on 1 June 1839 in the largest asylum in the country with more than 800 patients (soon increased to 1,000) and without previous experience of asylum management he had abolished every form of personal restraint: 'no form of strait-waistcoat, no hand-cuffs, no leg-locks, nor any contrivance confining the trunk, or limbs, or any of the muscles, is now in use. The coercion chairs, about forty in number, have been altogether removed from the wards'. And for the next ten years by deed and example, by lecture and demonstration, by letter and report, by article and book, he proceeded to demonstrate the great step forward which the new 'non-coercion' system meant not only to the patients who had suffered under the old but to the whole subject of psychiatry as a branch of scientific medicine, and beyond it to society's attitude to its aberrant members in general. 'I cannot confine my views merely to the physical results of the new system' said Earl Shaftesbury in 1852 at the presentation ceremony to Conolly on his retirement from Hanwell, 'We rejoice . . . in witnessing the great progress of science and humanity under your auspices in regard to the treatment of the insane . . . I look, also, to the moral results, and I find that while the class of lunatics has been raised in the moral scale of existence, society generally has benefited'. C. L. Robertson in his presidential address to the Medico-Psychological Association in 1867 praised Conolly as the founder of 'the English School of Psychological Medicine' whose work ensured the success of 'the legislation promoted by the Earl of Shaftesbury . . . Dr. Conolly's four Annual Reports of the County Lunatic Asylum at Hanwell for 1839, 1840, 1841, 1842, still form the groundwork of our treatment of the insane poor in the English county asylums, while these asylums themselves – whose fame . . . based as it is on the successful application of the English non-restraint system has gone forth into the whole civilised world . . . – stand throughout this fair land imperishable monuments of the statesman to whom they owe their origin, and of the physician who asserted the great principle on which the treatment within their walls is founded'.

But the aim of the non-restraint system was not merely to abolish the old instruments by which patients had been confined and controlled which had been Gardiner Hill's achievement at the comparatively small Lincoln Asylum two years earlier, but to substitute for it a new attitude and approach to the mentally ill. Under the old system the keeper regarded a patient as he would 'a vicious

horse that he had undertaken to subdue' and since 'when the patient is tied up, all regard for him ceases' it had been impossible to train him to treat those entrusted to him 'with any show of respect, much less with any constant manifestation of humane regard'. The new system was intended 'to exclude all hurtful excitement from a brain already disposed to excitement. On this principle it abolishes mechanical restraint: and also, on this principle it regulates every word, look, and action of all who come in contact with the insane'; and to secure all its advantages 'the physician must be able to command the services of a staff of kind and conscientious attendants' whose selection and training became 'one most material part' in it. So began mental nursing as a profession and it is a noteworthy fact in the history of general as well as of psychiatric nursing that the examinations conducted by the Royal Medico-Psychological Association from 1891 remained for years the only uniform national system of training and certification of any nursing body (the first final examinations conducted by the General Nursing Council were held in 1925). In the same way non-restraint opened the door to clinical psychiatry, the basis of which is clinical observation of mental illness undistorted by aggravating treatment: 'The resort to instruments of mechanical coercion was inconsistent alike with any medical consideration of the various forms of mental disease, and their causes, as it was with attention to the numerous auxiliary or moral means of cure which are so greatly relied upon where the ancient methods of control have ceased to be employed'. The first article of the first issue of the new *Asylum Journal* [see FIG. 200] rightly credited Conolly's reforms with leading to the creation of 'a new school of special medicine' which is now psychiatry.

'The name of Conolly will always be mentioned with that of Pinel whose work he has completed' wrote Wilhelm Griesinger (1817–1868), professor of clinical medicine and of mental science in the University of Berlin and 'acknowledged leader of the modern German school of Medical Psychology' (the English translation of whose important book appeared after the period covered by the present volume) who like many others at first opposed non-restraint as an unrealistic chimera but who after seeing it work in England 'decided entirely in favour' of it: 'Up to the time of the publication of the first edition of this work [1845], I allowed myself, influenced by the adverse opinions of the German psychologists, to oppose the system of non-restraint ['it is an excess of philanthropy to consider it an act of inhumanity to confine a lunatic with the strait-jacket . . . mechanical restraint alone is capable, in certain cases, of rendering them submissive to the authority of the physician and harmless to themselves and others . . . without them a disproportionately large staff of attendants is necessary' etc.] although at heart I sympathised with the reforms . . . Since then . . . I have seen the new system carried out in several of the large English institutions, and have been convinced'. And what is more Griesinger saw not only that 'the new system is a positive treatment, not a mere leaving the patient to himself', but also the danger of the argument that 'the use of means of restraint is good and that only the abuse is blameable': 'No one' he countered 'can say where the use ends and the abuse begins; indeed, it would appear that the abuse is unavoidable, and a very experienced physician has said "restraint is synonymous with neglect" (Conolly)' (*Mental pathology and therapeutics*, 1867, translated by C. L. Robertson and J. Rutherford from the second German edition, Stuttgart 1861).

Conolly himself realised that the dividing line between restraint and treatment in psychiatry was a fine one and this led him at the conclusion of his work to express the anxious hope that 'nothing should be allowed to interfere with its continuation; that no future economy and no delusive theories would ever lead to the abandonment of non-restraint'. Soon however advances in pharmacology brought a new method of restraint not openly displayed as mechanical restraint was, but insiduous and acting directly on the nervous system which Henry Maudsley (1835–1918) who in 1908 endowed the Maudsley Hospital, called 'chemical restraint'. Thirteen years after Conolly's death he wrote about 'the propriety of the free use of so-called *sedatives* in insanity. It is a practice which is almost universal among medical men, when they have to do with a case of mental disease, to prescribe sedatives in order to subdue excitement and to procure sleep' and went on to suggest that it 'should be considered seriously whether the putting the nerve-cells of the patient's brain into chemical restraint . . . did really benefit them'. In asylums they were used largely 'for the purpose of stifling excitement and producing quiet . . . used, in fact, as mechanical restraints have been unwisely used – namely, to keep a turbulent patient quiet . . . That is to say, chemical restraint of the cells of the sick brain may be made to supersede entirely the mechanical restraint of the body. The successful argument against mechanical restraint was, that although it kept the patient's body quiet, it really aggravated his malady: the question now which should be considered is, whether chemical restraint does permanent good, or whether by diminishing excitement at the ultimate cost of mental power it "makes a solitude and calls it peace" ' (*The pathology of mind*, 1879). Lest Maudsley be suspected of family partiality in his assessment his extensive obituary of Conolly in the *Journal of Mental Science* 1866 sufficiently shows his ambivalent attitude to his father-in-law.

Although Conolly's name is inseparably linked as the practical reformer with what is acknowledged the world over as the major advance in the history of the medical care of the insane, he also made contributions to medical psychology which in their time were in the first rank. From his most important psychological work *An inquiry concerning the indications of insanity*, 1830 an extract has been given earlier [see p. 805]; with it ranks *A study of Hamlet*, 1863. But apart from his Croonian Lectures *On some of the forms of insanity*, 1849 (first printed in *The Lancet* in the same year and recently reprinted by the Management Committee of his old hospital, now St Bernard's, Southall) his clinical writings appeared mostly in serial form in journals. For instance 18 *Clinical lectures on the principle forms of insanity, delivered in the Middlesex Lunatic Asylum at Hanwell* (followed by 7 supplementary *Lectures on the construction and government of lunatic asylums* reissued in book form in 1847), *The Lancet* 1845–6; 13 articles on *The physiognomy of the insane* illustrated by lithographs made from clinical photographs taken at the Surrey County Asylum, Springfield by its superintendent H. W. Diamond, in *The Medical Times and Gazette*, 1858–9; 11 articles entitled *Recollections of the varieties of insanity* including 5 on 'Juvenile Insanity' in the same 1860/2. Even when to these are added his often long review articles in *The British and Foreign Medical Review* of which he was at the beginning co-editor with Sir John Forbes, the list of his more important occasional writings in the periodical press or printed separately is by no means complete (*A history of medicine* advertised as in preparation in 1829 as

a volume in Lardener's *Cabinet Cyclopedia* never materialised; the title-page of an anonymous book presumably by Conolly and not previously credited to him is shown in FIG. 194). In 1869 there appeared *A memoir of John Conolly* by his old friend Sir James Clark (who had encouraged him 'to compete for the office of Resident Physician in the Hanwell Asylum' thirty years earlier and to whom he dedicated the book quoted here), the first full scale biography of a 'psychological physician'. Although many of his writings are listed in it, Clark made no attempt to provide a complete bibliography. That this has not been undertaken even yet is an indication of how much groundwork in the history of psychiatry remains to be done, since Conolly, one of its outstanding figures, by his work made history and an advance which for the first time made it meaningful to contrast the present with the past.

THE NON-RESTRAINT SYSTEM

It is now sixteen years since the use of all mechanical restraints was abolished, first at Lincoln, then at Hanwell – a change which, soon after adopted at Northampton, Glasgow, Lancaster, Gloucester, and Stafford, led by degrees to the establishment of a system of treatment comprehending a great variety of particulars, successively and considerately devised as substitutes for bonds and fetters and all kinds of mechanical coercion. This system, opposed to the practice of centuries, to many prejudices, and to many purely selfish feelings, has since that period steadily, although slowly, advanced, until from almost every public asylum in England, Scotland, and Ireland, mechanical restraints have been wholly excluded. Wherever the attempt has been resolutely made it has succeeded; and of the many new and splendid lunatic asylums built and opened in England within the last eight years there does not appear to be one into which any instrument of mechanical restraint has yet found admission . . . the tendency to neglect those who are deprived of reason still exists, and demands vigilant opposition. What the old system of treatment by restraint really was ought, therefore, not to be forgotten, nor should palliations of it be unreflectingly admitted. Its evils were not imaginary, but real and dreadful . . . In the gloomy mansions in which hands and feet were daily bound with straps or chains, and wherein chairs of restraint, and baths of surprise, and even whirling-chairs were tolerated, all was consistently bad. The patients were a defenceless flock, at the mercy of men and women who were habitually severe, often cruel, and sometimes brutal . . . Cold apartments, beds of straw, meagre diet, scanty clothing, scanty bedding, darkness, pestilent air, sickness and suffering, and medical neglect – all these were common; and they must remain common, however disguised, wherever the system of restraint remains . . . It is the principal object of this work to explain, that the mere abolition of fetters and restraints constitutes only a part of what is properly called the non-restraint system. Accepted in its full and true sense, it is a complete system of

management of insane patients, of which the operation begins the moment a patient is admitted over the threshold of an asylum . . .

It is a part of the non-restraint system to remember, whatever the state and circumstances of a newly admitted patient may be, that he comes to the asylum to be cured, or, if incurable, to be protected and taken care of, and kept out of mischief, and tranquillized; and that the strait-waistcoat effects none of these objects. Therefore, although the patients may arrive bound so securely as scarcely to be able to move, they are at once released from every ligature and bond and fetter that may have been imposed upon them . . . [and] as soon as possible visited by the medical officers of the asylum. They assure the stranger, by a few kind words, that no ill-treatment is any longer to be feared. This assurance sometimes gains the confidence of the patient at once, and is ever afterward remembered . . .

A newly received patient, being brought to a condition of comparative comfort by the mode of reception described, is now capable of deriving benefit from the conversation of the medical superintendent, and generally, from the cheerful aspect of a well governed asylum. Hope, which had abandoned him, begins to return . . . The fearful images which lately possessed his mind, of a prison, of punishment, or a cruel death, gradually depart; and sometimes, even at this early period, his recovery seems to commence. Harsh treatment would have confirmed his apprehensions, and have prolonged his violence; so as to have made a resort to mechanical restraints appear excusable . . . Each case is studied as soon as the interval of calmness ensues; and means are provided which cause every return of excitement, and every accident or change of the malady, to be met without serious difficulty, and without danger. All this, however, supposes a complete establishment, humane attendants, faithful officers, and a chief physician resolved to allow no excuse for cruelty, or for the indolence which so often leads to cruelty . . .

Among the improvements yet to be made in the practical department of public asylums, arrangements for what may be called an *individualised* treatment are particularly required. None but those daily familiar with the events of asylums can duly appreciate the great effects of such treatment in special cases. After the first improvement in patients received into the best asylums, some will remain stationary for a length of time without the special attention of an intelligent and watchful attendant, whose duties are almost exclusively confined to such cases. For want of such especial care, the signs of improvement may fade away, and the chance of recovery be lost. Patients who have remained listless and unimproving for months, and who have seemed falling into a state of apathy or imbecility, or even verging on the hopeless state of dementia, in a ward in which they received little personal notice or attention, are seen, in some encouraging instances, when happily transferred to attendants who have more disposition to attend to them, or better opportunities of so doing, or greater aptitude for the task, to awaken from their torpor, to

become animated, active, and even industrious. The countenance re-assumes intelligent and cheerful expression; a disposition to converse returns; all the mental faculties appear gradually to re-acquire capability of exercise; and, in some cases, entire amendment follows . . .

Insanity, thus treated, undergoes great if not unexpected modifications; and the wards of lunatic asylums no longer illustrate the harrowing description of their former state. Mania, not exasperated by severity, and melancholia, not deepened by the want of all ordinary consolations, lose the exaggerated character in which they were formerly beheld. Hope takes the place of fear, serenity is substituted for discontent, and the mind is left in a condition favourable to every impression likely to call forth salutary efforts. A chance is thus afforded, to every impaired mind, of recovery to an extent only limited by causes which no human art can remove.

Medicinal treatment

Young and sanguine practitioners usually feel dissatisfied with candid statements of the possible inefficacy of medicines, resulting from experience; and probably no physician undertakes the charge of an asylum without the pleasing belief that many of the cases considered incurable will recover with the aid of energetic treatment. It is to be regretted that this belief generally yields to repeated disappointments . . . some of the cases apparently not much removed from sanity never improve; and . . . others, which appeared the most unpromising, recover without our being able to explain the favourable termination. But there is still no reason to abandon the hope that fresh resources will some day be possessed by the practitioner; and that the real nature of the changes taking place in the brain may be better understood; and greater success attend medical treatment . . . If the limitation of the direct therapeutical means applicable to mental disorders is so unsatisfactory, it is to be ascribed to the extreme obscurity in which the origin of cerebral disturbance is involved, and to the narrowness of our knowledge of the mental functions of the brain. In a great majority of cases of mania and melancholia, the condition of the brain in the commencement of the malady is entirely unknown; all conjecture about it is vague, and dissection reveals nothing . . . To confess our present ignorance is merely to acknowledge that our science is not yet brought to perfection; and to be scrupulous in interfering with functions of great importance, disturbed in a manner unintelligible to us, is only consistent with the rational and cautious character of modern medicine. All practitioners in medicine whose experience extends, as my own does, to more than thirty years, must have observed, even within that short period, a striking change in the extent to which ordinary means, formerly considered remedial, and even indispensable, are employed. Large and frequent bleedings, once so common as almost to be universal, are now nearly unknown. Violent purgative medicines, and the excessive employment of mercury, by which rude attempts were made to force the

performance of languid functions, have been desisted from in all climates where scientific practice prevails . . . The physician whose practice is especially directed to diseases of the brain and nerves . . . need not be ashamed to acknowledge, with regard to mental phenomena, what has been expressed by one of the most scientific cultivators of physiology in our day, when avowing the impossibility of knowing in what the difference consists between the condition of the nervous system during sleep and when we are awake, that 'neither our unassisted vision, nor the microscope, nor chemical analysis, nor any analogy, nor any other means at our disposal, enable us to form any kind of notion as to the actual changes in the brain or spinal cord on which any other nervous phenomena depend' [Benjamin Brodie: *Psychological inquiries*, 1854] . . . The physician's office is assuming, in these times, a higher character in proportion as he ceases to be a mere prescriber of medicines.

Attendants

One most material part of the non-restraint system, consequently, taken in its fullest signification, is the selection of proper attendants . . . The importance of this particular in the government of asylums cannot be exaggerated. The physician who justly understands the non-restraint system well knows that the attendants are his most essential instruments; that all his plans, all his care, all his personal labour, must be counteracted, if he has not attendants who will observe his rules, when he is not in the wards, as conscientiously as when he is present . . . Many of the insane take their character from the attendant under whom they are placed; so that under one they become morose, sullen, and dangerous; under another tranquil and docile. The physician requires the agency of cheerful helpers, healthy and contented, of natural good disposition, and possessed of good sense. His government of them should be such as to preserve their cheerfulness, and health, and contentment. They are his instruments, and he should keep them finely tempered. They may often be considered, indeed, his best medicines; and they should be well chosen and well preserved. He confides the most confidential duties to them: he entrusts them with the happiness, by day and by night, of all the patients under their especial care. To control the violent, without anger; to soothe the irritable, without weak and foolish concessions; to cheer and comfort the depressed; to guard the imbecile and the impulsive, and to direct all – these are great duties to be demanded from such instruments; and no security for their proper performance is to be found except in the character of the attendants themselves, and in the manner in which they are themselves treated.

Clinical instruction

At Hanwell, clinical teaching was commenced in 1842. It appeared to me that then only could the proper study of insanity begin; the removal of

restraints, and of all violent and irritating methods of control, then first permitting the student to contemplate disorders of the mind in their simplicity, and no longer modified by exasperating treatment. Patients could then be presented to their observation as subjects of study and reflection, and not as criminals; and regarded as persons to be cured of illness, or relieved from distress, and not as beings to be tortured by confinement of the limbs, or mortified by punishments. Scenes of general confusion and agitation, opposed to the possibility of study, had become rare; the wards were tranquil, the patients were cheerful; and the visits of the pupils were looked forward to with interest. The actual state of the minds of the insane was in most cases easily displayed to the learner, without the least distress to the patient.

RICHARD ROBERT MADDEN (1798–1886)

FRCS, surgeon, man of letters, philanthropist

Phantasmata or illusions and fanaticisms of protean forms productive of great evils, 1857 *London, Newby* 2 vols Vol. I, pp. v-viii, x-xi, 1-3, 7-8

The history of psychiatry, concerned with the care and treatment of patients and advancement of knowledge of mental disease, reflects society's relation and reaction to its insane. It has less to say about the social, cultural and economic factors which may produce circumstances favourable to the rise and spread of mental illness through groups, communities and even nations. Such epidemics of insanity are usually not recognised for what they are when they occur (comparable perhaps to the lack of insight shown by patients) but are diagnosed in retrospect and so become the province of the social historian. Whether these outbreaks manifest themselves in abnormal behaviour or delusional beliefs with or without actions flowing from them, they furnish interesting points of comparison with mental illness in individuals: 'The madness of the various forms of fanaticism is not confined to individuals, it extends to communities . . .' so that study of the one may lead to better understanding and prevention of the other.

Dugald Stewart [*q.v.*] recorded frankly his own experience that 'the incoherent ravings and frantic gestures of a madman have a singularly painful effect in unsettling and deranging the thoughts of others' and suggested physicians might with advantage give more attention to the influence of insane on sane mind in order to elucidate 'whether certain kinds of insanity have not a contagious tendency'. J. F. K. Hecker in his account of 'the dancing mania' went further and suggested that study of epidemic insanity would 'afford a deep insight into the workings of the human mind in a state of society', that is into the group mind (*The epidemics of the middle ages*, 1846, translated by B. G. Babington). But because of the complex field of observation which presents itself when historical events are viewed through psychiatric eyes, most accounts have been anecdotal rather than analytical: 'Popular delusions began so early, spread so widely, and have lasted so long' wrote Charles Mackay, 'that instead of two or three volumes, fifty would scarcely suffice to detail their history . . . in the great and awful book of human folly which yet remains to be written . . . a mere list of ['religious manias'] would alone be sufficient to occupy a volume' (*Memoirs of extraordinary popular delusions*, 1841, 3 vols.). Like mental illness they present in all degrees of severity from the mildest and most harmless outbreaks of 'hysterics' like dancing, jumping, shaking, trembling and barking, from short lived episodes of anxiety or panic in a multitude provoked by spread of a delusional conviction such as that the end of the world is imminent, to the most vicious, violent and prolonged cruelties and persecutions induced by mass

delusions which abound in the histories of nations and religious movements.

Madden combined an interest in mental aberration (he also wrote *The infirmities of genius*, 1833, 2 vols.) with a philanthropic concern for the welfare of the underprivileged and maltreated whether they were Jamaican negroes, Australian aborigines or starving Irish peasantry. This led him to undertake this historico-sociological study 'of some of the principal Epidemic Disorders of the Mind, which have formerly prevailed in Europe' in order to determine the circumstances under which such epidemics arose, and especially to what extent they were dependent on ignorance, superstition and the backwardness of the masses, as 'It is said that, "man ignorant and uncivilised, is a ferocious, sensual, and superstitious savage" '. But contrary to what was generally believed Madden found that 'The greatest fanaticisms this world ever saw have not originated with the poor, the unenlightened and uneducated; they have originated with the educated classes, with those who do not labour manually for their bread'; and behind the veneer of intellect and education he saw 'a great deal of savagery in the heart's core of civilisation'. This made him ask, almost as if he had prevision of the events of the twentieth century: 'have we such sure grounds for our confidence in its [nineteenth century] civilisation that no fears may be entertained of any recurrence of those bewilderments of reason, widely spread, under which multitudes of people laboured in "the dark ages" ?'

EPIDEMIC INSANITY: MASS PSYCHOLOGY

The subject of this work has largely to do with the failings and infirmities and passions of mankind and their accompanying disorders of the imagination, for to these sources must we attribute the epidemic fanaticisms which we meet with in history *and elsewhere*, simulating at one time an ardent zeal for religion, at another a glowing love of liberty, now a laudable ambition to rise in the world, to attain to power, to obtain wealth, to add field to field, possession to possession, dominion to dominion; anon a strong wish and settled purpose to dominate over others, to master their wills, to invade their rights, to trample down their inferior intelligence, weaker powers, or feebler energies of mind or body.

Striking illustrations will be found in these pages of epidemic fanaticisms, which bring men insensibly from morbid conditions of mind into monomaniacal states of being, into the practice of delusion, and eventually into familiar acquaintance with illusions and hallucinations of a sense or of all the senses.

We are accustomed to regard passing events of an extraordinary character which disturb society, as indications of rather too much political excitement or polemical heat, sectarian strife, competition in trade, monopoly in patronage and preferments, an insufficient police force, an inadequate representation, too little rationalism in religion, or reverence for law, or devotion to material interests, or knowledge of the true principles of political economy.

We find it saves the trouble of thinking deeply, to fall into this way of

viewing remarkable outbreaks of popular phrenzy like those of the Reign of Terror of the French Revolution, in the years 1792 and 1793: outbreaks of intolerance and immanity in Spain and Portugal in the times of the Inquisition: outbreaks of barbarity in England and Scotland and the New England States of America, in the proceedings against witches; outbreaks of superstition in various countries in regard to new revelations of pseudo saints, pseudo 'spiritualists', pseudo seers of mesmerism claiming prophetic gifts . . .

The madness of the various forms of fanaticism is not confined to individuals, it extends to communities, at times and intervals more or less widely separated, and seizes on the minds of nations at periods, of greater intervening distances, that have been terminated by great wars, or other grievous public calamities. Such fanaticisms have all the distinguishing characteristics of epidemic mental disorders. They are manifested in a ferocious spirit of intolerance, or a fierce and reckless zeal for party interests, or the triumph of extreme political opinions shaped or influenced by some evil passion or selfish motive . . . or in an inordinate ambition and imperial pride, lust of power, and military renown, and territorial aggrandizement on the part of mighty states; or in a furious impulse to acts of violence and injustice, brutal and sanguinary on the part of great numbers of people . . .

It is with individuals as with nations, they are controlled and restrained by the same influences, or corrupted and perverted by the same wild impulses of passion . . . Hallucinations of various kinds ensue; and imagination dominated by disease will eventually give a being, shape and form, 'a local habitation, and a name', to fixed ideas and chimeras which are the productions of the brain . . . In the 14th, 15th, 16th, and 17th centuries, various commotions which affected the moral sentiments, and the intellectual powers of a considerable number of persons, took place in the principal countries of Europe, in various communities; and signally in the convents of several of the religious orders in France, Spain, and Germany. These disturbances seemed to be of a contagious character, and they prevailed epidemically in particular localities at the same period.

The subject is one of deep interest, and not without its salutary teachings and warnings, for fanaticism, fixed ideas, and delusions of all sorts in our own times: though civilization has advanced, and many branches of learning and physical science have made rapid strides of improvement, and dispelled some of the darkest clouds which obscured the intellect and bewildered the reason of vast numbers of people in former ages. The signal advancement especially of medical science directed to the pursuits of physiology and pathology, in connexion with the study of cerebral disease, has contributed largely to this important result. But manifest as the progress of civilization has been, particularly in the last century and a half, it is very doubtful, if the progress of enlightenment among the masses of any country in Europe, has been of so genuine a character as

may be commonly imagined; or if the same predisposing causes were again to come into operation – namely, public calamities on a large scale, civil commotions, protracted war, famine, pestilence, religious strife, fanaticism, and oppression – they might not produce epidemic mental disorders, as terrible as any which have occurred in past times under the names of Theomania, Demonolatria and Demonopathy, including all the forms of mental illusions connected with witchcraft, communication with spirits, divination, and diabolical possession. The prevailing ideas of modern times, the predominant influences of their politics, polemics, forms of government, industrial pursuits, modes of life, competitions, struggles, sufferings, and privations of the industrious poor, and their influences on the health, morals and energies of the community, would naturally modify the character, and determine the type of those diseased conditions of mind and body which might be expected to arise from widespread calamities in our times. The panics of a community, like the terrors of an individual when they strike deep and are of long continuance . . . are equally likely now, as at any former period, to be followed by mental disorders connected with the prevailing ideas, interests, and speculations of the age . . . Have we such sure grounds for our confidence in its civilization that no fears may be entertained of any recurrence of those bewilderments of reason, widely spread, under which multitudes of people laboured in the 'dark ages'?

Are we forgetful of the epidemic delirium of the followers of Mr. Thoms in Canterbury and its vicinity, of the belief in his divinity, of the sincerity of that belief, sealed with the blood of several of his followers? Can the theomania of the followers of Johanna Southcote be forgotten? the information of an extensive sect, deriving their doctrine from the hallucinations of an illiterate, repulsive, dropsical old dame, dreaming in her dotage of the instincts of maternity, and of a divine mission being given to her? or the delusions of those followers, which were so strongly manifested in the preparation of a costly cradle and swaddling clothes of the finest texture for the expected offspring of an infatuated old woman? Has the enlightenment of the 19th century so entirely dissipated the dark thick mists of demented superstition that no traces of it are to be found in modern English and American records?

THE LAW

CONCERNING

LUNATICS, IDIOTS, & PERSONS OF UNSOUND MIND.

BY

CHARLES PALMER PHILLIPS,

OF CHRIST CHURCH, OXFORD, M.A., AND OF LINCOLN'S INN, ESQ., BARRISTER-AT-LAW.

LONDON:
BUTTERWORTHS, 7, FLEET STREET,
Law Publishers to the Queen's most Excellent Majesty.
1858.

FIG. 203 Title-page of *The law concerning lunatics*, 1858 by Charles Palmer Phillips. The contrast between its 504 closely printed pages and Brydall's little book of 127 pages [see FIG. 54] shows not only the development of legal safeguards for the care and protection of the insane, rich and poor, as a measure of society's increasing awareness of its responsibility for the sick and infirm, but also the growth of clinical knowledge of mental disease and theory of psychiatry in the better definition of its legal implications in such matters as civil incapacity and criminal responsibility.

SIR JOHN RUSSELL REYNOLDS (1828–1896)

MD Lond., Fellow and President of the Royal College of Physicians, FRS; assistant physician Hospital for Sick Children and Westminster Hospital, physician and professor of medicine University College Hospital, physician to the National Hospital for Paralysis and Epilepsy, Queen Square

Epilepsy: its symptoms, treatment, and relation to other chronic convulsive diseases, 1861 *London, Churchill* pp. 40-3, 46, 206-7, 210

The middle of the nineteenth century saw a great upsurge of interest in diseases of the nervous system as fundamental discoveries began to provide the anatomical and physiological background to the bewildering and undifferentiated medley of symptoms they presented. Before then 'The endless confusion of the subject' had induced 'the physician, instead of taking the nervous system as the secure ground of his practice, to dismiss it from his course of study, as a subject presenting too great irregularity for legitimate investigation or reliance' (Sir Charles Bell *The nervous system of the human body*, 1830). Clinico-pathological correlations based on large series of well studied cases appeared from Abercrombie's *Pathological and practical researches on diseases of the brain and the spinal cord*, 1828, Richard Bright's magnificently illustrated *Diseases of the brain and nervous system*, 1831 (vol. 2 of *Reports of medical cases*) to Robert Bentley Todd's *Clinical lectures on . . . disease of the brain*, 1854, and Reynolds's own *Diagnosis of diseases of the brain*, 1855. And the decade 1850–60 heard not only a renewed plea for 'a *Hospital for Epileptics*' which was first made by Beddoes in 1803, now made by Marshall Hall in his Croonian Lectures in 1852, but also its realisation in the founding in 1859 of the National Hospital 'for the Relief of Paralysis, Epilepsy and Allied Disorders', the first neurological centre in the world. This gave further impetus to the study of nervous diseases in general and in particular epilepsy in which mental disturbances are frequent and conspicuous and which in consequence was closely linked throughout its history and indeed often confused with mental illness proper [see Casaubon 1655; Purcell 1707]. Interest in epilepsy was further increased by the introduction in 1857 of the first specific anticonvulsant therapy the bromide salts. A number of monographs now appeared based on series of personally observed cases gathered from private and hospital practice rather than the severe manifestations seen in lunatic asylums or institutions for the chronic sick, many of whom suffered from symptomatic epilepsy due to lesions of the brain as in general paralysis of the insane; and for the first time the 'numerical' or statistical method was applied in order to obtain a true picture of the varieties, symptomatology, clinical course and complications of this protean malady.

Perhaps the most influential of these studies was by Reynolds, Marshall Hall's *protégé*, who first clearly demarcated idiopathic (or cryptogenic) epilepsy

from the symptomatic variety: 'The disease described in this volume' he wrote 'is, strictly speaking, idiopathic epilepsy ['cases in which no other disease was discoverable']; and I have here nothing to do with so-called symptomatic ['which includes every kind of lesion of the brain'] or sympathetic epilepsy ['which includes diseases as numerous as the organs of the body, and as varied as the changes they may undergo'] . . . It has appeared to me important to know first of all as much as can be known of the natural history of this idiopathic disease, the simplest of the convulsive affections, because existing by itself, *i.e.* apart from all other recognised pathological conditions . . . I have therefore analysed eighty-eight cases'.

The results of his investigation of the 'mental and emotional' symptoms 'which present themselves during the intervals of attack' excluding those 'immediately either preceding or following the attacks' and therefore 'more or less persistent conditions', are quoted here not only because the mental disturbances of epileptics of all kinds still frequently bring them to under psychiatric care, but also because Reynolds's study may be considered the prototype of modern clinical investigations of this kind in its careful assessment of patients supported by interrogation of relatives. They are placed under the year 1858 because the major part had been read to 'the Medical Society of Observation, London, 1858' but not then printed.

Further links between mental disturbances and epilepsy were subsequently forged by the work of Hughlings Jackson on psychic manifestations especially of attacks originating in the temporal lobes.

EPILEPSY AND MENTAL DISORDERS

Mental condition of Epileptics during the intervals of their attacks

This is the condition which we may denominate the 'epileptic character', and which has been so termed by M. Morel . . . Romberg states, that 'it is characteristic to find a loss of memory, and a diminution of the distinctness of ideas, combined with greater irritability of temper'. Allowing, however, that such conditions are frequently found in epileptics, we ought to inquire whether they are in reality 'characteristic' of the disease: *i.e.* whether they are necessarily included in the idea of epilepsy, and whether they may exist without epilepsy. Upon this point we find great differences among authors. Esquirol states that four-fifths of the epileptic women in the Salpêtrière were insane; and of the one-fifth who were not insane, 'toutes ont quelque chose de singulier dans le caractère'. Other authors speak of mental failure as occurring 'in the majority', and others of the disease 'terminating' in such failure. Certain authors say that the mental condition depends upon the severity or the frequency of the attacks; and others relate cases in which the mental condition was natural; or they make general statements to the effect that it is so in some instances . . . As it is evident that the questions relating to the mental conditions of epileptics cannot be answered by a reference to authorities, nor by contemplating profoundly the intellectual state of a few striking examples,

I have carefully examined the question in many of the cases which have fallen under my own notice, and will proceed now to furnish the results.

Irrespective of hereditary taint, supposed cause, age at commencement, severity of seizures, frequency of their recurrence, duration of the disease, and age at the time of observation, what is the actual mental condition of epileptics during the intervals of their attacks?

In order to answer this question I have divided epileptics into four classes. In the *first* there are placed those in whom neither by the patients themselves, by their friends, nor by myself, could there be detected any deviation from mental health . . . The *second* class consists of those who presented that slight defect of memory which is limited to the occurrence of recent and trifling events, the memory for events long since passed being intact. In those who formed this group, such impairment of memory was the only departure from health . . . it is convenient to denominate this group by the words, 'power of attention diminished', or 'defective attention'; and I think it will appear hereafter that this is the real nature of the defect. In the *third* class are those cases which present, in addition to the defective attention or loss of memory, diminution of the faculty of apprehension. These patients are dull in acquiring new ideas, often take erroneous and confused impressions, and exhibit the defect of memory already alluded to in a greater degree. It is convenient to denominate this group by the words 'apprehension defective'. The *fourth* class includes those who present the special features of the second and third classes, but to a higher degree, and who exhibit also more or less confusion of ideas. Individuals of this group can only with difficulty be made to understand; they constantly misinterpret, and forget what is told them. They reason very little, and that little often incorrectly; they are often stupid, idle, and indifferent, and though not technically nor legally insane, require more or less constant supervision. From the prominent character of this group it may be described as that of 'defective ideation' . . .

After having tabulated the residual cases of epilepsy proper, I find sixty-two in whom the mental condition has been carefully described. Those in whom there was no mental change form the first class; those in whom one or the other of the three faculties was deficient constitute class the second; those in whom two were defective the third; and those in whom deterioration was found in all the three constitute the fourth class. These classes exhibit the following numerical relations:

Mental Class	Males	Females	Total	Per centage
First	16	8	24	38.70
Second	10	10	20	32.25
Third	4	5	9	14.51
Fourth	4	5	9	14.51
	34	28	62	99.97

From this it appears that 38 per cent. of epileptics are free from any mental failure, that number presenting a full average amount of intellectual capacity and information. There is not, therefore, any special mental condition necessarily involved in the idea of epilepsy; or, in other words, the disease both may and does exist in more than one-third of its victims without causing any change in their intellectual power or condition. It appears, however, that in nearly two-thirds of the cases of epilepsy the mind exhibits failure, but that of the number so affected, viz. 61 per cent., rather more than half, viz. 32 per cent., were affected only to a slight degree; while a notable degree of mental incapacity existed in but one-seventh of the total number of cases, *i.e.* in nine cases, or 14.5 per cent.

Thus, then, although it is more common to find some mental deterioration than perfect intellectual health, a division of epileptics into four groups, separated from each other by the degree of their mental failure, shows that of these groups the first contains the largest number of cases, the second the next largest, and the third and fourth each a much smaller number. It is evident, therefore, that a slight degree of mental failure is more frequently found than a higher degree . . .

With regard to the emotional condition of epileptics I have definite information in twenty-six cases of sixty-nine. In the remaining cases there was nothing abnormal which I could either observe in the patients themselves, or ascertain from their friends. The most frequently observed condition was, in the male sex, a combination of timidity and irritability, with depression of spirits; and in the female sex, a simple excitability of temper and want of emotional control. In the male sex, habitual depression of spirits is noted in 7 of 15 cases, and cheerfulness is described in one case only; whereas in the female sex, good spirits and cheerfulness are noted in 4 of 11 cases, and habitual depression in none. Excitability and deficient control of emotion were found in 6 males and 8 females. Timidity is noted in 6 males, but not in one female.

Conclusions

1st. That epilepsy does not necessarily involve any mental change.
2nd. That considerable intellectual impairment exists in some cases; but that it is the exception, and not the rule.
3rd. That women suffer more frequently and more severely than men.
4th. That the commonest failure is loss of memory, and that this, if regarded in all degrees, is more frequent than integrity of that faculty.
5th. That apprehension is more often found preserved than injured.
6th. That ulterior mental changes are rare.
7th. That depression of spirits and timidity are common in the male sex, but not in the female; that excitability of temper is found in both . . .

Besides the failure of intellect which has been already shown to be frequently associated with epilepsy, there are special conditions of disturbance to be met with in some individuals; these conditions occurring

in more or less definite relation to the attacks. Thus, mania not unfrequently complicates the affection of the epileptic; and epileptic mania has a character of its own.

Epileptic mania

In the sixty-nine cases which have been analysed in this treatise, some attack or attacks of mania occurred in seven individuals, or in 10 per cent., viz., four males and three females. In one of the cases the mental disturbance was extremely trifling in degree; in another it occurred but once; in a third it was extremely rare; in the remaining four cases maniacal excitement was more or less frequently found in immediate relation with the attacks.

M. Esquirol states that 'La fureur des épileptiques éclate après les accès, rarement avant; elle est dangereuse, elle est aveugle, et en quelque sorte automatique; rien ne peut la dompter, ni l'appareil de la force, ni l'ascendant moral qui réussissent si bien à l'égard des autres maniaques furieux'. According to Delasiauve, Morel, and other authors, the mania of epilepsy is usually 'furious' in its character; but this is by no means universally the case. Delasiauve describes very accurately an ecstatic form of mania, in which the patient assumes attitudes, 'son regard est fixé, immobile, il paraît en proie à une vision intérieure; articule des mots vagues et confus. Si on le questionne, il reste muet ou ne répond que par des phrases décousues, des gestes ridicules, ou des mots trahissant de grotesque préoccupations' . . . Besides the furious and ecstatic there are other kinds of maniacal attacks complicating epilepsy – attacks in which there is less mental disturbance, and from which the patients frequently recover. In these there is either dulness and depression of spirits, or, on the other hand, preternatural gaiety.

JOHN SNOW (1813–1858)

MD Lond., MRCS, LRCP; pioneer anaesthetist and epidemiologist

On chloroform and other anaesthetics: their action and administration . . . Edited, with a memoir of the author, by Benjamin W. Richardson, 1858 *London, Churchill* pp. 339–42

In the nineteenth century a number of general practitioners made pioneer contributions to medicine: one of these was Snow who in 1854 proved that cholera was a specific water born infection, statistically by comparing its incidence in two adjacent London boroughs having different water supplies and practically by removing the handle of the pump in Broad Street, Soho, which stopped the epidemic in that area.

He was also the pioneer of the practical science of anaesthesiology first with ether in 1846, then with chloroform (introduced at the end of 1847 by James Young Simpson) which he administered to Queen Victoria at the birth of two of her children. In his large practice in this field he was called to anaesthetise by way of experiment a number of patients with mental disturbances. The extracts deal with three psychiatric conditions in which he found it of value, and in which anaesthetic agents are still occasionally used. These were, first as a diagnostic procedure to differentiate 'hysterical paralysis' from that of organic origin; second as an adjuvant to make patients who refuse food eat while emerging from narcosis; and third to calm severely disturbed patients as an emergency measure and procure sleep.

THE DIAGNOSTIC AND THERAPEUTIC VALUE OF NARCOSIS

Hysterical Paralysis and Contractions. In December 1851, I administered chloroform in Charing Cross Hospital to a young woman about twenty-five, a patient of Dr. Chowne. She kept her left knee in a semiflexed position, and would not allow it to be moved. She had been in bed in the hospital for two months. She inhaled the chloroform reluctantly, and, after becoming unconscious, she breathed and sobbed in a hysterical manner. When insensible, the limb went down flat on the bed, the knee being quite movable. A straight splint was applied, and the limb was secured to it with bandages. I was informed that in a few days she contrived to get her leg bent again. She was the domestic servant of a nobleman. It was evident that there was nothing the matter with her limb, and that it was only influenced by her volition, which was perverted by the hysteria under which she was labouring.

In November, in the same year, I administered chloroform in the same hospital to another patient of Dr. Chowne, whose case was more obscure and complicated. The patient was a woman, aged thirty-three, who represented that for several months she had been unable to open her mouth, or to speak, and that she had, for the same length of time, been paralysed in the left arm and leg. The affection, it was said, came on suddenly, in a kind of fit, which was followed by unconsciousness for three or four weeks. It was also said, that she had one or two fits the previous year, after which she was unconscious for a long time. The patient was quite conscious before inhaling the chloroform, and replied to questions by nodding or shaking the head, or by writing on a slate. She was unmarried, and had not menstruated for some months past. The chloroform was administered with a view to ascertain whether or not she was feigning. On first becoming unconscious, the patient breathed in a sobbing and hysterical manner. The chloroform was given very gradually; and as she became more affected, there were some struggling and rigidity, when the right arm and leg were moved about a good deal. The left arm and leg were also distinctly moved, but not above a tenth part as much as the extremities of the opposite side. When the patient was quite insensible, the limbs being relaxed, the pupils turned upwards, and the conjunctiva insensible, attention was turned to the jaws, which were still firmly closed, but they were opened by using a moderate degree of force with the fingers. The effect of the chloroform having been allowed in a great measure to subside, it was again administered, when the movements of the limbs recurred, and there was the same difference between the motion of the right side and that of the left, as before. When I left the patient, more than half an hour after the chloroform was discontinued, she had not opened her eyes or answered questions; and she did not do either for six days. I saw her five days after the chloroform. The pulse was very rapid on my first going to the bedside, but its frequency subsided in a few minutes. On my raising the eyelid, she turned her eye about, as if endeavouring to hide the pupil under the lid. On the following day she answered questions by nodding and writing on a slate, and was, in other respects, the same as before inhaling the chloroform.

The great difference in the amount of motion in the limbs of this patient, under the influence of chloroform, showed that the paralysis of the left side was not a mere pretence. It is, indeed, possible that the absence of motion in the limbs of the left side, for several months, would cause them to move less than the opposite ones during the action of chloroform; but it is not to be supposed that the patient would keep these limbs in one posture during the night, and when no one was present, without ever moving them, unless she herself believed that they were paralyzed. I looked on the woman as a sick person, and not a mere impostor; for although she appeared to exaggerate her symptoms, and to have a good deal of pretence and affectation, this circumstance arose, no doubt, from her complaint.

In April 1853, I administered chloroform four times to a patient of

Dr. Arthur Farre, a girl of fifteen years of age, who was affected with a contraction of the flexor muscles of the left thigh and leg, of the muscles which bend the body to the left side, and those which bend and turn the head to the same side, in consequence of which the leg was drawn up, and the body and head were curved greatly to the left side. The contraction of the muscles had lasted for several weeks, but she had been ill for a much longer period, her illness having commenced with a fever. She took an extremely small quantity of nourishment, and was very thin. Her bowels were moved with difficulty. The pulse was very feeble and small, and there was a tendency to coldness of the surface. An eminent surgeon in the provinces had expressed his opinion that the distortion of the limbs and trunk was a feigned disorder; but the action of the chloroform proved that he was altogether in error. The muscles became completely relaxed when the patient was quite insensible, and the limbs and trunk and head could be readily moved into any position; but as the effects of the chloroform subsided, the deformity returned on each occasion before the patient recovered her consciousness. Neither the chloroform nor any other measures were of any service, and Dr. Farre informed me that the patient died a few weeks after I saw her.

Mania. I have been informed of several cases in which chloroform has been administered in acute mania, with the effect of calming the patient and procuring sleep. I have administered it in two cases with the same temporary advantage. In one of the cases, the patient was persuaded to inhale it; in the other, he had to be held by three keepers till he was unconscious. An eminent and well-known scientific man, who became insane some years ago, refused to take food. It was found that after being made unconscious by chloroform, he would take a meal just as he recovered from its effects, and the chloroform was given before every meal for a long time.

THOMAS JAMES AUSTIN (*c.* 1820–1897)

LSA, MRCS, resident medical officer of Bethnal House Asylum, Bethnal Green 1853–7

A practical account of general paralysis, its mental and physical symptoms, statistics, causes, seat, and treatment, 1859 *London, Churchill* (pp. x + 225) pp. 1-3, 10-9, 21-6

Thirty years after Burrows [see p. 777] drew the attention of English psychiatrists to what was then a newly discovered disease there appeared this the first monograph on general paralysis of the insane (J. M. Winn's pretentiously entitled *A critical treatise on the general paralysis of the insane*, 1848 was merely a summary of a French book reprinted from a review in the *Journal of Psychological Medicine*) based on 147 personally observed cases by the temporary medical officer of a large private lunatic asylum who spent most of his life in general practice; and it was superseded only in 1880 by W. J. Mickle's account of the disease. 'From the study, and from the histories of these cases, and from the collation of their postmortem appearances, [the author] has drawn . . . the portrait' wrote Austin in the third person of himself, 'ascertained the causes, and fixed, as he believes, the seat of the disease' under the inspiration and guidance of the medical superintendent of Bethnal House, James Phillips, FRCS. This recognised expert had given valuable information to the Lunacy Commissioners (published in their *Further Report*, 1847) about his 'bedstead with webbing bottom' designed to prevent the complications of decubitus and as an improvement on 'Dr. Arnott's hydrostatic bed' then in general use. Out of 'more than 600 patients in the house' among whom was 'a very large proportion of demented persons labouring under general paralysis in all its stages' remarkably not one had a bed sore when the Commissioners visited.

Since Burrows' book of 1828 many facts had been accumulated. For instance Prichard in 1835 quoted Esquirol's statistics from Charenton that 'paralytic lunatics seldom survive . . . longer than from one to three years', that the condition was 'much more frequent in men than in women' (of 366 male lunatics 95 suffered from it but only 14 out of 253 women), that 'it forms one-sixth of the whole number of admissions', and that it occurs in those 'who have been previously addicted to excessive libertinism, or such as have suffered from the abuse of mercury or spirituous liquors'. Mercury was of course widely used to cause 'a salivation' as part of the general evacuant regimen then employed for almost any condition, as well as being the standard treatment of the primary and secondary stages of syphilis. Cases of mercurial poisoning with its damage to the nervous system were therefore not uncommon and perhaps obscured the etiological role of syphilis for several more decades. Contrary to Burrows' opinion Prichard's inquiries had shown that the disease was by no means un-

common in this country 'in the public hospital for lunatics, or among the classes of persons who are principally found in such hospitals'. For instance Bompas of Fishponds reported five cases out of 285 patients; at Bethlem (where his informant 'had never heard of the disease' but recognised it from Prichard's description) there had been many instances of the early symptoms developing but since patients 'are dismissed . . . when they manifest any indication of paralysis . . . the events of such cases cannot . . . be correctly noted'. From Gloucester Asylum Samuel Hitch reported 16 cases in 7 years. In 1844 the Metropolitan Commissioners observed that it had been 'recently recognised in the English hospitals', at Hanwell there had been 32 in 213 admissions, at Springfield 16 in 120 and at Lancaster 13 in 619. Conolly in his Croonian Lectures *On some of the forms of insanity*, 1849 devoted two of six to general paralysis since 'Its great frequency, its fatal character, its insidious and destructive course, invest it with particular interest for the physician practising among the insane'. At Hanwell where there were always between 20 and 30 cases in the asylum, it was responsible for almost half the deaths, two-thirds in males between the ages of 30 and 50. In contradistinction to Prichard, Conolly found the disease common also in patients of a higher class: 'In Dr. Stilwell's private establishment at Hillingdon, of 30 deaths in 9 years, 21 have been the result of this disease'.

Ten years later and just before Austin's book appeared Conolly's description was regarded as still the best account of general paralysis in the language notwithstanding that by this time there was 'no physician . . . engaged in the treatment of mental disease . . . not perfectly acquainted' with it. 'In the wards of our public hospitals for the insane, in our consulting rooms, and in our private asylums, the disease in all its stages is perpetually passing under our observation'. Nevertheless, and so far had medicine removed itself from the territory allotted to the mental disease specialist, that 'in general medicine it is almost unknown, its very existence, except as either a modification of paralysis or a complication of lunacy, has been and is denied by able and experienced practitioners'. So wrote T. Harrington Tuke, Conolly's son-in-law (*Journal of Mental Science*, 1859, vol. 5) and went on to describe the regrettable exclusion of psychiatry from medicine, the consequence of the fact 'that so few of even our most accomplished professors have any knowledge of the various types of mental derangement'. This in turn was because 'the study of mental disorders is studiously excluded from the medical curriculum, alienist physicians, as they are therefore well called, work in a department of science the first principles of which are not even recognised by their medical brethren, and seem often to speak a language not understood by those around them; and thus indisputable facts and conclusions in psychological medicine become liable to be ignored or passed over . . . That this should be the fate of deductions from speculative or metaphysical theories is not surprising; but it does seem most marvellous that General Paralysis, a disease so frequent in its attack, and so serious in its result, the form of insanity that is, perhaps, of all the most clearly marked out by physical and mental symptoms, should still remain unknown to the great mass of the profession'. This segregation of psychiatry from medicine if anything became more pronounced as time went on to their mutual disadvantage and confusion since so many medical conditions announce themselves by mental symptoms like anxiety and depression and occasionally may even be ascribed to

psychological factors, and so much psychiatric illness is accompanied by complaints of physical malaise and dysfunction.

From Austin's book are quoted his description of its symptomatology according to the three stages laid down by Calmeil: ingravescence, florid symptoms, dementia and paralysis. They bear witness to the advance in clinical observation at that time and indeed to some extent the development of clinical studies and knowledge of GPI and the etiological theories built around it during the nineteenth century may be taken as representative of the progress of psychiatry as a whole. Naturally there was a mixture – much as there still is – of clinical fact and theoretical fancy. This is well shown by contrasting Austin's acute observation that patients often showed 'contracted and fixed, or unsymmetrical pupils' with 'permanent destruction of their mobility, without . . . any diminution of visual power' (this was ten years before Argyll Robertson's classic papers and forty years after Cox's observation of 1806 that in some patients the pupils 'contracted unequally' to light), with his view of the causes of the disease: 'The complexion, the age, the social condition, the habitat, and the sex of the majority of general paralytics, all favour the idea that moral agony is the cause'. His 'melancholy catalogue of misery and disaster' included such 'powerful impressions . . . of a painful character' as 'Remorse from profligacy', 'Loss of several children from typhus fever', 'Sister's madness', 'Bankruptcy, a publican', 'Commercial ruin, a stockbroker', 'Grief at transportation of husband' and simply 'Want'. This list like some psychiatric writings reveals more of social conditions and medical thinking in Austin's time than of the cause of GPI, and is one of many historical examples of how easy it is to accumulate false facts, not only false theories, in the worthy endeavour to fill a gap in medical knowledge prematurely and in advance of what the general state of the science warrants.

THE CLINICAL PICTURE OF GPI

General paralysis, though it had doubtless existed from the earliest period of insanity, eluded observation, or at least never so fixed the attention of those who must have witnessed it, as to be recognised and described as a distinct disease, till the early part of the present century. Though since the date of its discovery it has been known to the superintendents of lunatic asylums, and to those medical men who have devoted themselves to the study of insanity, it has been practically unknown to the body of the profession, and by many of its members it has never been heard of. This want of knowledge is easily accounted for: it is indeed precisely what was to be expected of a disease which was not mentioned by medical lecturers, or described by the authors of class-books – which was not seen, or at least not recognised in general hospitals . . . And here let me premise that it is a perfectly distinct disease from ordinary paralysis – the result of cerebro-spinal compression or disorganization – distinct in its symptoms and treatment, in its epoch, causes, and seat. It is important that the disease should be well known, because it is not uncommon, and is said to be increasing disproportionably to the increase of population. Whether this increase is real, may be perhaps doubted; at least it is still an open

question. The more easy recognition of the malady has possibly produced the apparent increase; though, on the other hand, it is equally likely that the wear and tear of modern society, the intense and therefore frequently unsuccessful struggle for position or livelihood, which is everywhere going on around us, and which is so characteristic of our age, and the more frequent occurrence of mental anguish, the consequence of domestic trials, may have actually augmented the number of its victims. It is important the disease should be better known than heretofore, because it is to be feared that, even among the superintendents of asylums, sufficient attention has not been paid to the subject after the recognition of the disease, from the assumption, unhappily but too well founded, of its incurability . . .

Among the various diseases or derangements of the organism, of which the most marked symptom is insanity, there is not one which presents so striking or so consistent a group of physical signs as general paralysis. If a person who is insane, or who has shown gradually increasing mental declension, have slight tremors of the lips, especially of the upper lip; if the mouth be broad, straight, unchiselled, and devoid of its usual curves; if the pupils be irregular, unsymmetrical, or contracted and insensible; if the utterance be imperfect, or even so slightly affected as to show itself only in the jumbling of the syllables of some long word; if the facial aperture of the nostrils be of unequal size; if the mouth be opened unequally in the act of talking; if the tongue be large, flabby, and tremulous, protruded or not out of the mesian line; if the gait be feeble, straddling, or devious; the person in whom all these symptoms coincide, be his mental symptoms what they may, is the subject of general paralysis. That there are some cases of the disease in its second stage which do not present a concurrence of all these physical signs, is indeed true; thus, the pupils are not always unequal, the utterance is sometimes tolerably perfect, the gait is not always unsteady, nor the tongue always tremulous; but if the coincidence of the physical symptoms is sometimes broken, their concurrent absence never occurs. Rarely more than one of the symptoms is absent, and enough remains to render the group pathognomonic.

Mental Symptoms of General Paralysis in its Second Stage

The mental conditions that accompany these physical signs are various, but may be referred to one of three classes, namely – 1st, elation, with large delusions; 2dly, depression, with melancholic delusions; 3dly, incomplete dementia, without delusion, and sometimes without incoherence. The first class, that of elation with large delusions, is by far the most remarkable, as it is unlike any other phase of insanity. It has, from its prominence, so fixed the attention and filled the minds of some observers, that they have asserted that general paralysis is always, and exclusively, accompanied by it, an opinion from which the arrangement of the subject sufficiently shows how entirely I dissent. Paralytic elation varies in every

case, and includes every form of exaltation of the spirits, from mere quiet joyousness and self-complacency to the most boisterous mirth and noisiest demonstration of inward satisfaction of which human lungs and human gestures are capable. This elation is, in a large majority of cases, accompanied by excitement, which not infrequently rises into the most furious mania. The particular mode of exhibition varies with the individual, and may possibly be affected by his personal bias . . . He is full of all manner of schemes, many of which, though not quite mad, are only not so, because their success is not physically impossible . . . Impelled onward by his spirits, and clad in the reason-proof panoply of self-sufficiency he is at once too confident and too confiding . . .This mixture of elation and self-sufficiency increasing, rapidly brings their subject to the confines of extravagant delusion. The transition from the half-mad schemer to the imaginary capitalist is natural; he now talks of the wealth he fancies his projects have brought him . . . But paralytic elation does not stop here; the whirl of the spirits increases, and self-complacency rises into self-translation and fancied supereminence . . . Arrived at this pitch, everything becomes invested with immensity, grandeur, or beauty. Common pebbles are transformed into gems, and hoarded accordingly . . . the journeyman printer calls his medical attendant 'that great and glorious man the Apostle Philip' . . . This condition of things does not remain stationary; the effervescence of the spirits either subsides, or markedly increases. The delusions gradually fade, or are speedily augmented. In the former case the patient sinks into a state of dementia more or less complete; in the latter the mental symptoms are aggravated till the maniacal fury becomes of the most intense character. Incessantly talking and restless, violent and destructive, tearing everything tearable to shreds . . . he lies on his bed . . . or on the padded floor of his room in a dream of happiness and splendour, which contrasts horribly with his hollow features and emaciated, squalid body. Happily death is at hand – exhaustion or paralytic coma soon closes the scene.

The second group of mental symptoms, accompanying the second stage of general paralysis, comprises numerous cases in which the depression of the spirits is marked, and the delusions are of a decidedly melancholic type. This group is not so characteristic of the disease as that of elation. It may be mistaken for mere melancholia, while paralytic exaltation can with difficulty be confounded with any other form of madness. The manifestations of depression are probably as numerous, though scarcely so obtrusive, as those of exaltation. A bank-clerk imagined that his system was permeated by sugar of lead, and that poisons were entering his body by various inlets . . . a paralytic costermonger nearly killed himself by beating his head with a mallet, and subsequently his life was in danger from a self-inflicted cut-throat . . . Slight depression, with great irritability of temper, moroseness, impulsive scurrility, and a remarkable turn for false accusation, are frequent mental combinations in this malady . . . The

physical wear and tear attendant on this second group of mental symptoms of the paralysed, is infinitely less than the rapid prostration and exhaustion of the elated group. While in the latter the duration of the disease rarely exceeds two or three years, and is frequently fatal in a few months; in the former the depressed or morose paralytic drags on a very tolerable existence during many years . . . It is difficult to conceive that an elated and a depressed mental condition can be contemporaneous in the same person; yet there are instances in which the delusions – the result, as I believe, of these diseased emotions – are certainly tinged by both, though the hue of the one or other predominates. Thus, a paralytic blacksmith, who was completely incoherent and usually cheerful, had an extraordinary mixed delusion, in which exaltation was, however, clearly in the ascendant; he fancied he went into the clouds every night, where he saw millions of beautiful female forms, many of which, however, had lost their arms, legs, breasts, and heads . . . Though actual contemporaneity of exaltation and depression but rarely occurs, an alternation of these conditions is by no means uncommon . . . Sometimes the alternating melancholia and elated mania are as remarkable for precision of paroxysm and interval as some instances of recurrent mania . . .

The third group of mental symptoms attendant on this, the second stage of general paralysis, is incomplete dementia, usually without incoherence, and apparently unaccompanied by delusion. It is the absence of delusion which entitles this mental condition to be classed separately, and as such to merit a distinct notice; for dementia, more or less complete, is a symptom of all varieties and all stages of the disease. This incomplete dementia is characterised by a diminished capability of the purely intellectual powers. The perception of ideas appears to be blunted; an idea, which the paralytic would have formerly grasped at once, now eludes him, or takes him some time and trouble to master; or it may be that he seizes the idea, but, having perceived it, is indifferent to it. The memory fails . . . The faculty of the attention may be merely enfeebled, or nearly in abeyance. The patient's thoughts may widely wander, but still be capable of recall, or he may have completely lost the power of keeping ideas steadily before him . . . But the most remarkable symptom, common to all forms of general paralysis, is a sudden accession of excitement . . . [which] in the majority of cases, commences in, and is confined to the night . . .

The mental condition of the paralysed during the third and last stage . . . is complete dementia. This third stage, however, he does not always attain . . . Strange though it may appear, it is often in this . . that the disease is for the first time recognised. From parish workhouses, and even from respectable wealthy homes, comes many a poor demented paralytic, with his head shaved, his nape blistered, with leech-bites on his temples and cupping marks on his shoulders; his wrists and ankles abraded or ulcerated from restraint, his abdomen discoloured from having been bound to his bed by a sheet; emaciated to the last degree.

ALEXANDRE J. F. BRIERRE DE BOISMONT (1798–1881)

MD Paris, leading French psychiatrist

On hallucinations: a history and explanation . . . Translated from the French by Robert T. Hulme, 1859 *London, Renshaw* (pp. 455) pp. 397–423

In the popular mind to hold beliefs or experience sensations not shared by others was considered the hallmark of insanity long before formal psychiatry separated them as delusions and hallucinations, as in Lavater's *Of ghostes and spirits* (1572) and later in Ferriar's (1813) and Hibbert's (1824) *Apparitions*. Hence the term alienation meaning estrangement from the reality of other men was anciently synonymous with madness: 'deluded imagination' wrote William Battie (1758) is the 'essential character of Madness' and 'precisely discriminates this from all other animal disorders . . . that man alone is properly mad, who is fully and unalterably persuaded of the Existence or of the appearance of any thing, which either does not exist or does not actually appear to him'. Yet strangely the first full psychiatric survey of this subject was Boismont's *Des hallucinations*, 1845 (Paris) which is quoted here from the abridged translation of the second edition of 1852 enriched by 'many manuscript notes and alterations' which Boismont prepared for the third edition of 1862 and placed at the disposal of his English translator (an American edition was issued in Philadelphia 1855).

Boismont considered 'no question in the psychological history of man more curious than that which relates to the subject of hallucinations . . . their occurrence in various diseases, and especially in mental affections, renders their study of the highest importance'. In his introduction he gave credit to Arnold for the first 'nearly correct definition' under the group 'Ideal insanity' and to Esquirol for separating illusions from hallucinations and defining them in their modern sense. He discussed the theories which had been propounded, from the organic in terms of functional or structural changes in the organs of sense (Erasmus Darwin) to psychological theories in term of revived ideas (Hibbert) or double mental processes or 'duality of mind' (Wigan); and divided hallucinations into ten groups according to whether they occurred alone – even in 'a sound state of mind' – or in combination with various types of insanity, organic diseases of the nervous system and deliria of various kinds.

Despite Boismont's scholarship and impressive clinical material his book contained little to advance the understanding of hallucinations. While he detailed the conditions in which hallucinations occur as symptoms he nevertheless gave them the status of a disease *sui generis* and considered their treatment equivalent to treating the underlying or accompanying disease. This he divided, as the extract shows, into 'physical' and 'moral' treatment with which he

tried to break 'the chain of ideas which possess the mind' and 'exterminate' them if possible. He reasoned that as hallucinations were errors of judgment treatment should be directed at mind and body simultaneously – these being 'the two constituent principles of man' – and should be a mixture of 'intimidation' and 'forceful persuasion' to make patients relinquish their mad ideas. 'Tranquillised' by physical means the patient was made amenable to 'moral' measures of which the cold douche to the head was the most effective. Thus Boismont in the middle of the nineteenth century 'combated' hallucinations in the same manner and in the same type of patients as Blair [*q.v.*] did in 1725 and with apparently equally gratifying results.

One further point of interest both for the socio-medical and psychiatric historian is that patients of different social class still received different treatment. Oxenbridge [*q.v.*] in the seventeenth century treated a well-to-do and a poor woman according to their means; Arnold (1782) remarked that '*Chains* should never be used but in the case of poor patients'; and Thomas Monro in evidence before the 1815/6 Select Committee when asked 'Would you treat a private individual patient at your own house, in the same way as has been described in respect of Bethlem?' answered 'Certainly not'. Boismont found that 'Educated persons, who have been accustomed to reflect, will not so readily give up the ideas which possess them. Serious consequences might result from telling them they were mad, especially if it is attempted to compel them to admit the fact' – the essence of his technique described here.

THE TREATMENT OF HALLUCINATIONS

Until of late years the treatment of hallucinations in France had not attracted the special attention of medical men. This was the natural consequence of the universal opinion that they were merely a symptom of insanity. It should be borne in mind that, since a hallucination is generally a complication of some one of the different forms of insanity, what we shall say with regard to the treatment will often apply to both disorders. This distinction is particularly perceptible in the means which are employed against the false idea. In the important works of Ferriar, Hibbert, Esquirol, and Jacobi, on hallucinations, there is no chapter devoted to their treatment. The French author assures us that they do not require any particular method; he adds, however, that they ought to be taken into our serious consideration when deciding upon the moral and intellectual treatment of the insane and the therapeutic agents which are to be used. The English authors have not been more explicit, nor does the German philosopher suggest anything new in this respect. Such was the state of the science when M. Leuret, having carefully considered what had been done previously, declared that hallucinations, which had hitherto been left entirely to the resources of nature, were amenable to treatment, and capable of being cured, and that this desirable result could be easily obtained by resolutely opposing and continually pursuing them until they gave way . . .

The treatment of hallucinations may be arranged under two heads – the first comprising the *physical*, the second the *moral* means.

Physical Treatment

The intimate connexion which exists between the two constituent principles of man, shows that each may be affected in its turn, and that it is therefore necessary to make use of such therapeutic agents as are applicable to both of them . . . The use of baths, combined with the douche or continued irrigation, deserves especial notice. In the hands of M. Leuret the douche has more than once convinced the hallucinated of the false nature of his ideas. Other practitioners have not been so successful . . . The water is allowed to fall, for hours together, in a thin stream, or in a number of streams like those from a watering-pot, on the head of the patient while seated in the bath. The effect produced by this continued sprinkling has first the advantage of keeping up a constant cooling effect on the organ which is congested, without causing those injurious results which have been laid to the charge of ice. In the second place, it harasses the patient, so that he will often ask for pardon . . . After this treatment has been persevered in for some hours, the patients have begged of us to remove them from the bath, admitting they were previously deranged, that what they had said was nonsense, but that now they were completely cured . . . *Example* 130. A young female who had become hallucinated after her confinement, imagined she saw before her a large figure clothed in white, which followed her everywhere. Her medical attendant applied leeches to the neck, and ordered her several baths. This treatment produced no amendment; the patient became more violent, and fears were entertained she would throw herself out of the window. She was then brought to my establishment. As soon as she arrived she was taken to the bath. The water was allowed to fall on her head for two hours. At the end of that time I visited her. 'Sir', she said, 'let me come out of this; the water which falls on my head like a shower of rain is unbearable. You have done it because I was out of my mind; I know it; but, thank God, I am now in my right senses. Do not leave me here any longer'. Before granting her request, I asked her what had become of the figure in white. 'It exists no longer', she replied, 'it was an illusion produced by my milk fever'. The lady having replied rationally to all my questions, I took her to her apartment, and in eight hours she was restored to her friends. Things do not always turn out so fortunately, and we have often known the erroneous impressions to return after a momentary cessation. In other cases the false sensation disappears, but the insanity remains. We have, however, found such beneficial results from the use of irrigation, that we constantly employ it . . . [and] consider we have rendered an important service to the therapeutics of mental diseases . . . The facts . . . just related can scarcely leave a doubt as to the efficacy of physical agents . . . Some years ago M. Mitivie attempted to treat hallucinations by means of electricity. M. Baillarger subsequently reverted to the use of this agent: it was found, however, to be exceedingly painful and difficult in its application, and was therefore abandoned. Drugs may sometimes cure hallucinations; not by means of their therapeutic

action, but by breaking the chain of ideas which possess the mind of the patient.

Moral Treatment

After a judicious course of medicine has tranquillized the patient, but the hallucinations are not changed, although he talks less about them, then it is that the medical man should avail himself of all the resources he is acquainted with to combat the idea, to weaken and exterminate it, sometimes by direct, sometimes by indirect means, but almost always by a happy mixture of kindness and firmness . . .

The method of M. Leuret must necessarily be noticed here . . . an example taken from his work is necessary to make it thoroughly understood. *Example* 134. A., aged forty-two, a carpenter, had drunk freely and was of an impatient and excitable disposition. He was brought to the Bicêtre, 18th June, 1839, suffering from various hallucinations. He was treated by the application of cuppings to the neck, baths, with affusions, foot-baths and lemonade. Afterwards he was ordered to work, but this he obstinately declined doing. The douche was given to him several times, and he promised he would work, but failed to do so . . . A. was immediately conducted to the bath, and placed under the douche. M. Leuret then interrogated him . . . After having listened for some time to all the statements of A., M. Leuret spoke to him as follows: – 'Now, A., I am going to tell you what I think of all you have told me: there is not a word of truth in anything you have mentioned; all you have been telling me is sheer nonsense; and it is because you are insane you have been placed in the Bicêtre'. Here A. replied – 'Monsieur Leuret, I am not insane; I cannot help seeing the persons who are under my bed and in the subterranean passages, because they are there. You maintain that all I have been saying is nonsense: I wish it was so, but I know what I see and hear. After what you have said, is there, then, no hope of my getting out of this place?' 'You will go out, but on one condition . . . You must never refuse to work, whatever may be the kind of labour you are ordered to do . . . Will you promise that you will not think any more of your follies? Will you promise me not to speak of them again?' . . . 'I will not speak of them' . . . 'Promise me you will work every day . . .' The patient hesitated . . . 'You will have the douche, and I shall continue to give it you every day until you come and ask me to allow you to work . . .' The douche was given; it became extremely distressing to him, and he soon gave in . . . 'Since you compel me, I must go . . .' 'Will you go willingly, yes or no?' (Hesitated – the douche). After a short interval: 'Yes, sir, all I have said to you is nonsense; I will go and work'. 'Have you been insane?' – . . . 'I believe not'. (Douche) . . . 'I wish you would come to-morrow and thank me for having rid you of these insane ideas'. – 'I promise you I will work, and thank you for having relieved me of my ideas' . . . On the evening of the same day, A. received a douche for not having gone to work during the day . . .

Three years ago we were consulted by a clergyman, whose mania consisted in believing he was a bishop. While under the douche he seemed to recognize his error, and was permitted to leave the Bicêtre. These were his own words: 'I was convinced I was in error, because there was no other means of escaping from the punishment of the douche, and my protestations were useless in a place where the medical man is all-powerful. The receiving of the douche in no way convinced me that what I said was not true'. In our own practice we have had recourse to intimidation, and behind our backs the patients would say, 'We give way because there is nothing else to be done against violence, but we are fully convinced of the truth of our ideas' . . .

It is, therefore, a fact, which is now added to science, that hallucinations may be treated with success . . . We do not consider that the treatment . . . should be confined to the employment of moral means; sometimes it is necessary to have recourse to physical agents, sometimes to moral influences, and sometimes to a combination of both these means. By the employment of this mixed treatment . . . we shall obtain a number of permanent cures, which may not have the brilliant appearance of those effected by the method of M. Leuret, but which at least have the advantage of not wounding the sensibilities of the patient.

SIR JOHN CHARLES BUCKNILL (1817–1897)

MD Lond., FRCP, FRS, medical superintendent, Devon County Lunatic Asylum 1844–62; Lord Chancellor's Visitor in Lunacy 1862–76; President of the Medico-Psychological Association 1860; editor of the *Asylum Journal of Mental Science* 1853–62; co-founder and co-editor of *Brain: a Journal of Neurology* 1878

1. *The psychology of Shakespeare*, 1859 *London Longman* et al. (pp. viii +264) pp. vi-viii, 131-4, 156

   A second edition appeared as *The mad folk of Shakespeare*, 1867

2. *The Address of John Charles Bucknill, M.D. President of the Association of Medical Officers of Asylums and Hospitals for the Insane, at the General Meeting, held at the Freemason's Tavern, London, July 5th*, 1860 *Exeter, Pollard* pp. 5, 10-11

'Citizen-Soldier and Psychologist' is the heading of Bucknill's obituary notice in the *Journal of Mental Science* and although not relevant to the subject it is relevant to the man that in 1852 during one of the periodic scares of French invasion he organised a corps of part-time soldiers from among the local citizens under the name of the Exeter and South Devon Volunteers, from which evolved a national defence force which became the Territorial Army in 1908. His name is also perpetuated in the Bucknill scholarship which he endowed at his *alma mater* University College Hospital.

His first psychiatric appointment was as medical superintendent of the Devon County Lunatic Asylum where he instituted in 1856 the boarding-out system of patients as practised at the insane colony at Gheel in Belgium. In 1852 he implemented with the support of his colleagues and especially Conolly the suggestion made in 1844 by Damerow of Halle, one of the editors of the *Allgemeine Zeitschrift für Psychiatrie* (which itself commenced publication in that year) that the Association of Medical Officers of Asylums should establish an 'Asylum Journal' to share their experiences with each other and the world, the first number of which appeared in November 1853 edited by Bucknill [see FIG. 200]. In addition to his many contributions to it and writings on medico-legal topics, he published with Daniel Hack Tuke *A Manual of Psychological Medicine* 1858 [see FIG. 204] which ran to four editions and was the standard work for almost a quarter of a century; he also wrote an account of American asylums (1876), on drunkenness (1878), and on *The care of the insane* (1880).

Bucknill was a dominant figure in psychiatry for many years and widely interested in the ramifications of his subject as the first extract taken from his psychiatric study of Shakespeare's characters shows (a companion volume *The*

medical knowledge of Shakespeare appeared in 1860). He considered that the sensitive dramatic studies of the transition from mental ease to disease portrayed by the great poets and novelists complemented medical descriptions of mental illness. Granted the opportunities of 'crude observation' it only required 'the alembic of a great mind' such as Shakespeare's 'to convert them into psychological science'. Bucknill to whom 'the constant care of six hundred insane persons has afforded ample opportunities of comparing the delineations of the psychological artist, with the hard realities of existence' translated Shakespeare's poetic vision and insight into the human mind into the harsher terms of medical science. Bucknill used the term 'psychology' which formerly had implied 'all that relates to the soul or mind of man in contradistinction to his material nature' because it had gradually come to be 'used to denote all that relates to the department of science which takes cognizance of irregularities and aberrations and diseases of the mind [hence "psychological physician"] . . . Mental pathology would be a far more exact but also a more cumbrous term'.

The second extract from Bucknill's presidential address to the Medico-Psychological Association illustrates how the concept of individual 'mental hygiene' gained acceptance at the same time as the need for 'environmental' mental hygiene was recognized [see Robinson 1859]. Bucknill pointed out that it was especially important for the 'mental physician' exposed to the 'contagion of mental disease', not only because he 'dwells in a morbid atmosphere of thought and feeling' but also because to effectively discharge 'the arduous functions attendant on the care and treatment of the insane' he has to 'throw his mind into theirs, and sympathize with their state so far as to make it . . . almost subjectively his own'. This belief sprang from his thesis (stated in the first extract) that 'the common causes of insanity are such as produce emotional changes' as opposed to 'intellectual', and these cannot be understood rationally as one would say today, but only by a process of empathy or 'sympathy' as he called it.

There are other good things in Bucknill's address. For instance in pleading for better conditions and pensions for asylum medical officers he asked 'Do we not sacrifice the good-will of the community, not so much for the shortcomings, which in our great task are inevitable, but because the public extends its unreasonable antipathy to the insane, to all those who are connected with insanity' – a sentiment not altogether unknown even today. In the same vein he stressed that ultimately the treatment of the insane depends upon the doctors in whose charge they are and not merely on 'legislative agitation' which 'has now continued for so many years as to suggest the idea that some people may think that insanity is to be cured by Act of Parliament'. Like today the need was at least as much for better trained and more enlightened psychiatrists as for better law.

THE PSYCHOLOGY OF SHAKESPEARE

Although for many years the dramas of Shakespeare have been familiar to the author, the extent and exactness of the psychological knowledge displayed in them, which a more diligent examination has made known, have surprised and astonished him. He can only account for it on one

supposition, namely, that abnormal conditions of mind had attracted Shakespeare's diligent observation, and had been his favourite study. There is no reason to suppose, that when Shakespeare wrote, any other asylum for the insane existed in this country, than the then poor and small establishment of Bethlem Hospital, the property of which had been taken from the monks by Henry the Eighth, and presented to the city of London for conversion into an asylum, only seventeen years before the poet's birth. In his time the insane members of society were not secluded from the world as they are now. If their symptoms were prominent and dangerous, they were, indeed, thrust out of sight very harshly and effectually; but if their liberty was in any degree tolerable, it was tolerated, and they were permitted to live in the family circle, or to wander the country. Thus every one must have been brought into immediate contact with examples of every variety of mental derangement; and any one who sought the knowledge of their peculiarities would find it at every turn. Opportunities of crude observation would, therefore, be ample, it only required the alembic of a great mind to convert them into psychological science.

Shakespeare's peculiar capacity for effecting such conversion would consist in his intimate knowledge of the normal state of the mental functions in every variety of character, with which he would be able to compare and estimate every direction and degree of aberration. His knowledge of the mental physiology of human life would be brought to bear upon all the obscurities and intricacies of its pathology . . . The peculiarities of a certain character being observed, the great mind which contains all possibilities within itself, imagines the act of mental transmigration, and combining the knowledge of others with the knowledge of self, every variety of character possible in nature would become possible in conception and delineation. That abnormal states of mind were a favourite study of Shakespeare would be evident from the mere number of characters to which he has attributed them, and the extent alone to which he has written on the subject. On no other subject, except love and ambition, the blood and chyle of dramatic poetry, has he written so much. On no other has he written with such mighty power . . .

The consistency of Shakespeare is in no characters more close and true, than in those most difficult ones wherein he portrays the development of mental unsoundness, as in Hamlet, Macbeth, and Lear; into these he throws the whole force of his genius; in these he transcends, not only all that other poets have effected before him, but all that he has ever done himself . . . It is on the development of insanity, the gradual loosening of the mind from the props and supports of reason and of fact, the gradual transition of the feelings from their old habitudes and relations to morbid and perverted excess, the gradual exaggeration of some feelings and the extinction of others and the utter loss of mental balance resulting therefrom . . . that the great dramatist delights to dwell . . . Cervantes, indeed, has painted with exquisite skill the half-lights of one form of insanity;

but Shakespeare alone has described the transition period and the state of resistance. It is remarkable within how small a compass all that Shakespeare has written on perfected madness may be brought; namely, one short scene of Ophelia's madness, and three scenes of Lear.

The willfulness with which critics have refused to see the symptoms of insanity in Lear, until the reasoning power itself has become undeniably alienated, is founded upon that view of mental disease which has, until recently, been entertained even by physicians, and which is still maintained in courts of law, namely, that insanity is an affection of the intellectual, and not of the emotional part of man's nature. The author of these essays was among the first to raise the standard of revolt against this theory, in two articles on the 'Law and Theory of Insanity', in the 24th and 25th numbers of the *Medico-Chirurgical Review*. The veteran Guislain had already fully recognized the immense influence of emotional suffering in the causation of insanity; but the wider and still more important principle, that morbid emotion is an essential part of mental disorder, still remained a novel doctrine. Any detailed exposition of the metaphysical and psychological arguments, by which I have endeavoured to maintain the validity of this doctrine, would here be out of place. It may suffice to state, that with the exception of those cases of insanity which arise from injuries, blood poisons, sympathetic irritations, and other sources of an unquestionably physical nature, the common causes of insanity are such as produce emotional changes, either in the form of violent agitation of the passions, or that of a chronic state of abnormal emotion, which pronounces itself in the habitually exaggerated force of some one passion or desire, whereby the healthy balance of the mind is at length destroyed. From these and other reasons founded upon the symptomatology and treatment of insanity, upon the definite operation of the reasoning faculties, and their obvious inability to become motives for conduct without the intervention of emotional influence, and also from the wide chasm which intervenes, and must intervene, between all the legal and medical definitions of insanity founded upon the intellectual theory and the facts as they are observed in the broad field of nature, the conclusion appears inevitable, that no state of the reasoning faculty can, by itself, be the cause or condition of madness; congenital idiocy and acquired dementia being alone excepted. The corollary of this is, that emotional disturbance is the cause and condition of insanity. This is especially obvious in the periods during which the disease is developing; 'in the prodromic period of the disorder, the emotions are always perverted while the reason remains intact'. Disorders of the intellectual faculties are secondary; they are often, indeed, to be recognized as the morbid emotions transformed into perverted action of the reason; but in no cases are they primary and essential.

How completely is this theory supported by the development of insanity, as it is pourtrayed in Lear! Shakespeare, who painted from vast

observation of nature, as he saw it without and felt it within, places this great fact broadly and unmistakably before us. It has, indeed, been long ignored by the exponents of medical and legal science, at the cost of ever futile attempts to define insanity by its accidents and not by its essence; and, following this guidance, the literary critics of Shakespeare have completely overlooked the early symptoms of Lear's insanity; and, according to the custom of the world, have postponed its recognition until he is running about a frantic, raving, madman . . . It is remarkable, that in the very scene where Lear's madness is perfected, his first speeches are peculiarly reasoning and consecutive. Shakespeare had studied mental disease too closely, not to have observed the frequent concurrence of reason and unreason; or the facile transition from one state to the other. In Lear, his most perfect and elaborate representation of madness, he never represents the mental power as utterly lost; at no time is the intellectual aberration so complete that the old king is incapable of wise and just remark . . .

Our wonder at his profound knowledge of mental disease increases, the more carefully we study his works; here and elsewhere he displays with prolific carelessness a knowledge of principles, half of which, if well advertized, would make the reputation of a modern psychologist.

THE MENTAL PHYSICIAN

The possession of that precious thing, the harmonious co-operation of the complicated mental functions which constitutes our mental sanity is so much a matter of course, that man accepts it without recognition or gratitude, and contemplates the isolated instances of its interruption with wonder and dismay, although at the same time he makes not the slightest effort to prevent such interruptions, and courses on in his career of emulation and avarice, in the fierce struggle for social pre-eminence, as if the contrary were inconceivable and impossible. Will mental hygiene ever win the same relative position in our department of medicine, to the cure of actually developed disease, which common hygiene, the scientific care of the physical health of the community, has already taken in relation to the art and science of medicine proper? Or is not this almost too high an aspiration to be ever realized? . . .

No one can understand the insane, or exercise guiding and health-giving moral influence upon them, who cannot and does not, so to say, throw his mind into theirs, and sympathize with their state so far as to make it, at least during brief periods, almost subjectively his own. The man of rigid self-possession, to whom sympathy is but a weakness; the man of stolid indifference to whom sympathy is but a word, can neither merit nor gain the confidence of the insane, and can exercise but little moral influence over them. But the true mental physician transfers for the moment the mind of his patient into himself in order that, in return, he

may give back some portion of his own healthful mode of thought to the sufferer. This operation is so trying and so depressing that if it were continuous it would be unbearable. Its influence upon the feelings and character is, and must be felt deeply by all. To many, alas, it has been really destructive. The number of mental physicians who have suffered more or less from the seeming contagion of mental disease, would form, perhaps, if enquired into, a proportion of those who really fight in this warfare which might bear some comparison even with that of men who fall in the strife of the sword . . . Let me, therefore, before passing from this subject attempt to impress upon you the imperative duty of guarding your own mental health by frequent periods of relaxation and variety . . . But it behoves us also, in addition to this, to make use of that constant mental tonic which contact with sane minds can alone afford; and for this purpose the pursuit of some study of an interest entirely disconnected from insanity will be more beneficial to us than to others, for to us it will be actively sanative and preservative. The study of general literature, or the cultivation of natural science, or even pursuits like agriculture or field sports, are to the mental physician not merely sources of mental gratification, but act powerfully as a counterpoise to the morbid tendencies which his arduous professional calling involves.

A MANUAL

OF

PSYCHOLOGICAL MEDICINE:

CONTAINING

THE HISTORY, NOSOLOGY, DESCRIPTION, STATISTICS, DIAGNOSIS, PATHOLOGY, AND TREATMENT

OF

INSANITY.

With an Appendix of Cases.

BY

JOHN CHARLES BUCKNILL, M.D., LOND.,

Licentiate of the Royal College of Physicians; Fellow of University College, London; Fellow of the Medico-Chirurgical Society; Medical Superintendent of the Devon County Lunatic Asylum; and Editor of the Asylum Journal of Mental Science:

AND BY

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LONDON:

JOHN CHURCHILL, NEW BURLINGTON-STREET.

MDCCCLVIII.

FIG. 204 Title-page of *A manual of psychological medicine*, 1858 by Sir John C. Bucknill and Daniel Hack Tuke (Pp. viii+562) which reached a fourth edition in 1879 (Pp. xx+815) and was the first of the modern textbooks. D. H. Tuke (1827–1895), MD Heidelberg, FRCP, whose *Chapters in the history of the insane in the British Isles*, 1882 and *Dictionary of psychological medicine*, 1892 have been mentioned several times was the scion of the Tuke family of York, son of Samuel Tuke [q.v.] and great-grandson of William Tuke, founder of the York Retreat. 'The Authors of the following pages have long felt the want of a systematic treatise on Insanity, adapted to the use of students and practitioners in Medicine. Numerous monographs and works on limited portions of Psychological Medicine have appeared of late years. They are of great value to the specialist physician, but they do not meet the oft-repeated enquiry of the student and practitioner, – "To what systematic treatise on Insanity can I refer?" . . . and a desire to obtain a competent knowledge of this important branch of medical practice has become far more general in the profession than it ever before has been (*Preface*). It contains chapters on history, influence of civilization, definition, classification, forms, statistics, diagnosis, pathology and treatment of insanity and ends with an appendix of cases.

GEORGE ROBINSON (1821–1875)

MD St Andrews, hon. MD Durham, FRCP, physician to the Newcastle and Gateshead Dispensaries; lecturer on medicine and mental diseases, University of Durham; owner of Bensham Asylum, Gateshead

On the prevention and treatment of mental disorders, 1859 *London, Longman* et al. (pp. 228) pp. 9-12

Although it had long been surmised that social factors played an important part in causing mental illness, no one had suggested that the 'psychological physician' should leave the precincts of his hospital to investigate mental illness *in statu nascendi* against its social background until Robinson pointed out the potential value of such studies in this department of 'preventive medicine'. As a practising physician with a social conscience he was keenly aware of the many diseases attributable to the 'filth', 'wretchedness' and 'compulsory demoralisation' of poverty and its contingent evils, and as an expert in mental diseases wondered to what extent similar 'preventible sources' were responsible for mental alienation. 'The causes of insanity are . . . national as well as individual', he wrote; was it to be allowed 'like pauperism, crime and other great social evils, to continue to flourish . . . without an effort to check its advances? And can the nation . . . suggest nothing more effective or more hopeful than the multiplication of district asylums, workhouses and gaols?' To improve 'the condition of the unfortunate victims *after* they have become lunatics' was not enough. The answer was prevention but hitherto 'the view of mental disease entertained by the comparatively few eminent pathologists who have as yet directed their attention to . . . this department of medico-moral science' had been too 'limited, and, so to speak, too technical'. Robinson suggested that they 'must look beyond the precincts of the asylum' to 'the circumstances and associations, the physical and moral conditions, surrounding the masses from which their victims are taken'. The facts so revealed would he believed 'as surely diminish the prevalence of diseases of the mind, as the removal of noxious physical agencies has been shown to add to the bodily health and vigour of the community'.

PREVENTION OF MENTAL DISORDERS

Diseases of the mind, including all the morbid exaltations, depressions, perversions, and suspensions of those wondrous percipient and reflective faculties which hourly testify to the lofty destinies of the human race, constitute, indeed, a common territory on which the physician and the philosopher, the statesman and the divine, respectively meet to pursue

their various but converging courses of beneficial investigation. But while the moral philosopher regards with interest the successive phases of mental disorder, chiefly from their laying bare the workings of the several elements of man's spiritual nature; while the statesman estimates its cost to society, and its relative influence in retarding human progress; while the divine views it with awe and timidity as one of the inscrutable evils which afflict mankind, the physician is called upon to discharge a more active and more immediately responsible range of duties. He has to interpret the signs of the disease to the general public, and stand between society and its mentally alienated members for the protection of both. He has to assist the legislator in determining the reality of insanity, and in constructing the definitions which assign improprieties of conduct to their respective places in the scale of justice. On him rests virtually the duty of pronouncing a final opinion on the moral responsibility of persons in an uncertain mental state; his judgment, therefore, often decides the question of innocence or guilt, of freedom or restraint; on him, further, devolves the very important task of tracing each case of insanity to its causes; examining the relative influence of the latter, and thence deciding how far in any instance this affliction is the result of unavoidable bodily disease, or how far it is referable to circumstances over which every individual has more or less control, and for the proper regulation of which he is, therefore, to a certain extent, morally responsible. Lastly, it is the essential province of the physician to ascertain the remedial measures applicable to the treatment of the various forms of mental disorder, and to lay down the rules of life, by attention to which its advent may be most effectually prevented . . .

But in studying the nature, and endeavouring to check the progress of, mental disease, the physician must look beyond the precincts of the asylum. He must not rest content with there observing the various forms of insanity, recording their progress, and searching for their effects. No one would expect to discover the causes of Typhus in a Fever Hospital, or hope to ascertain the agencies predisposing to malignant cholera by seeing numerous persons previously prostrated by that pestilence. We have already learnt in reference to these diseases, that the most useful field of study is that constituted by the circumstances and associations, the physical and moral conditions, surrounding the masses from which their victims are taken. And in like manner must the science of mental pathology be pursued in its application to preventive medicine. The psychological physician must disregard the narrow formulae of his earlier studies; he must no longer view this class of diseases with the eye solely of a medical practitioner, because in reality he has to deal with other than mere bodily and physical seats and sources of disorder; he must invoke and use for the advancement of one great object all the knowledge of mankind which his opportunities, his tastes, his habits, may have enabled him to acquire.

SAMUEL GASKELL (1807–1886)

FRCS, house apothecary Manchester Royal Infirmary and Lunatic Hospital 1834–40; medical superintendent Lancaster County Lunatic Asylum 1840–49; Commissioner in Lunacy 1849–66

On the want of better provision for the labouring and middle classes when attacked or threatened with insanity. In: *The Journal of Mental Science*, 1860, vol. 6, pp. 321-7

Gaskell whose career was unfortunately cut short by a road accident which left him an invalid, was the first medical Commissioner in Lunacy appointed from the ranks of medical superintendents at the instance of the Earl of Shaftesbury who had been impressed by his management of the Lancaster Asylum. He is remembered not only for the vigilance and care he exercised in his duties but in particular for introducing into many asylums the system of habit training for incontinent patients including rousing them at intervals during the night. This in turn fostered the development of night nursing in place of a single watchman doing rounds to see that all was well. He is memorialised in the annual prize awarded by the Royal Medico-Psychological Association established by his relatives in 1886.

The extract is taken from Gaskell's only published work (besides the annual reports of the Lancaster Asylum and contributions to the reports of the Lunacy Commissioners and on mental defectives in *Chambers Journal*) and contains the first proposal for public hospitals in which the many mild, incipient and transient cases of mental disturbance not requiring certification could 'place themselves voluntarily' and recover in 'an agreeable change of scene' while receiving 'the benefit of good advice'. Private places of this nature 'for the reception of nervous invalids' were already available for the well-to-do although strictly speaking illegal because patients were beyond the inspection and protection of the Lunacy Commissioners. The development in the middle of the twentieth century of psychiatric units up and down the country independent of or only loosely connected with mental hospitals, bears ample testimony to the need for something between asylum and home which Gaskell stressed more than one hundred years ago.

HOSPITALS FOR MINOR MENTAL MALADIES: EARLY TREATMENT CENTRES

It is well known that diseases of the mind, as well as diseases of the body, assume an infinite variety of forms, varying both in kind and intensity. Indeed, few disorders to which the human frame is subject present aspects

so dissimilar as mental affections, and hence the necessity of accommodation and treatment suitable to the severity or mildness of the attack.

In asylums, however, as at present constituted, the law recognises no distinction as regards the kind of cases needing care and protection, the same certificates, orders, returns, restrictive regulations, and penalties being applicable to all patients, whether affected merely by the slightest aberration, or suffering from total loss of mental power and self-control. How marked a difference is here observable in respect to bodily complaints, for which we have hospitals both general and special, dispensaries for milder cases, as well as convalescent and sea-side houses. And why, it may with good reason be asked, have we not asylums adapted to the slightest as well as the most severe form of disease?

While drawing attention to this matter, I will not attempt to delineate the exact provision suited to the multiform aspects in which insanity presents itself, but shall simply treat on the kind of care needed for mild, transient, incipient, and convalescent cases . . . Under the present system, it may be remarked, not only are the sufferings of the patient aggravated and prolonged, but, moreover, the law is disregarded. It is notorious that many persons affected by the milder forms of insanity are placed in unrecognised houses, opened avowedly for the reception of nervous invalids. It becomes therefore a question, whether a continuance of this manifest breach of the law should be permitted, or whether enactments should be framed to meet the defect. In many instances coming under this class the disease is so slight and undeveloped as to present few features recognisable as positive indications of insanity, the symptoms being rather of a negative character; in others, again, although, the disordered action may be more manifest, yet the signs are of so slight a nature as to be scarcely sufficient to warrant a certificate as required by law.

All such cases clearly require remedial treatment of some kind or other, but it cannot be a matter of surprise that both on the part of the patient and the relatives there should be a repugnance to resort to asylums as at present constituted. An aversion is naturally felt against denouncing a member of a family as mad, to be consigned to a lunatic asylum, and subjected to the lunacy laws. To obtain the object now advocated it seems desirable to extend legal sanction to a class of houses into which patients should be allowed to place themselves voluntarily, or be admitted on less complicated and stringent documents . . . Such places offering an agreeable change of scene, quiet and retirement, as well as the benefit of good advice, would afford a means of treatment much to be desired for incipient and transient cases. For those also convalescent from the more severe forms of the malady they would prove of great benefit as probationary houses, intermediate between the asylum and home . . . Abodes such as are here contemplated, marked by an entire absence of offensive objects, sounds, or restrictive contrivances would invite early treatment, [and] prevent the malady from running on to an incurable extent.

FORBES BENIGNUS WINSLOW (1810–1874)

MD Aberdeen, MRCS, MRCP, FRCP Edin., hon. DCL Oxon; President of the Medico-Psychological Association 1857; owner of two private asylums Sussex and Brandenburgh House, Hammersmith.

On obscure diseases of the brain, and disorders of the mind, 1860 *London, Churchill* (pp. xvi+721) pp. 12-3, 17-8, 25-6; 278-80; 434-6

A fourth (actually fifth) edition 1868

Specialist in insanity and promoter of 'psychological medicine', Winslow was a prolific writer on psychiatric topics ranging from *Physic and physicians*, 1839 with a chapter on 'Mad-doctors, and mad-houses', to *The anatomy of suicide*, 1840, *The plea of insanity, in criminal cases*, 1843, *An Act (8 & 9 Vict., c. 100) for the regulation of the care and treatment of lunatics*, 1845, *Lettsomian lectures on insanity*, 1854, and also edited *The Journal of Psychological Medicine* from 1848 [see FIGS. 186 & 187]. In 1860 appeared what he considered his *magnum opus* quoted here. Intended originally merely as preliminary to two treatises on 'Organic Affections of the Brain' and on 'Disorders of the Intelligence, Cerebro-Psychical in their nature' which never appeared, Winslow attempted in it to survey the symptomatology of early cerebral and mental disease illustrated from a wide field of medical and literary writings and cases observed in his own extensive practice. This enabled him to touch on many topics hardly mentioned in less ambitious works. The material is arranged in chapters such as 'Premonitory symptoms of insanity', 'Anomalous and masked affections of the mind', 'Stage of consciousness' (or insight), 'Stage of depression', 'Stage of aberration', 'Impairment of mind' subdivided into 'Morbid phenomena of attention . . . memory . . . motion . . . speech . . . sensation . . . sleep and dreaming', and so on. In 'Confessions of patients on recovering from insanity' he pointed out the profound interest of 'the autobiography of the insane . . . in the history of the pathology, as well as philosophy, of the human mind'.

Extracts are given from the introduction which illustrates the scope of the work and where occurs the first suggestion of 'psychical diagnostic tests'; from chapter 8 'Stage of exaltation' showing the difficulty of ascertaining the presence of mental illness by direct question and answer type of interview in the manner of cross-examination illustrated with verse by Nathaniel Lee (1653–1692) the dramatist who spent five years in Bethlem; and finally another of Forbes Winslow's pointers to the future when he advocated the study of '*chemico-cerebral-pathology*'. This line of investigation made its real start with the publication of J. L. W. Thudichum's *A treatise on the chemical constitution of the brain* in 1884 and even if – like 'psychical diagnostic tests' – it has not yet fulfilled its clinical promise, has at least added much to fundamental knowledge

of the biochemistry of the brain and of the pathogenesis of some abnormal 'cerebro-mental' states.

PSYCHICAL DIAGNOSTIC TESTS

The affections of the brain have, I maintain, undoubtedly a premonitory, and precursory stage. In the majority of cases, the mischief established within the cranium, disorganizing the delicate tissue of the brain, may, upon careful examination, be detected. There are pathognomonic, and diagnostic precursory signs, which serve to guide the inquiring, diligent, observant, and intelligent eye of the practical physician, and enable him, with some degree of certainty, to discover the first scintillations of brain disease, even when the patient and those about him repudiate all idea of cerebral ill health, and refuse to acknowledge, the necessity for medical advice, or treatment. I do not affirm, that in all cases of incipient disease of the brain, the physician, even if his attention were closely riveted to the existing pathological condition, could satisfactorily diagnose its exact nature, or point out its precise locality; but he will have little or no difficulty, after carefully analyzing the case, in deciding the *general* question, whether the brain is the *seat* of disease, and the disorder, apparently referable to that organ, is of a sympathetic, or an idiopathic character?

Structural alterations may, undoubtedly, to a considerable extent, be developed in the material instrument of the mind, without, for a period, in a marked manner, interfering with the *mental*, *sensorial*, or *motorial* functions. This admits of a satisfactory explanation. This disorder of the functions of the brain, in the early period of its manifestation, is of so slight and transient a character, that it is easily overlooked by the patient, as well as by his physician. An apparently unimportant knitting of the brows, – a trifling sensation of numbness in some part of the body, – a condition of general, or local muscular weakness, – a state of *ennui*, – mental peevishness, irritability, and physical restlessness, – an almost inappreciable depression or exaltation of the animal spirits, – an impairment and disorder of the sense of sight, – loss, aberration, or confusion of memory, – defect in, or acute manifestation of the sense of hearing, – an inaptitude for mental work, – an inability to concentrate the attention continuously on any subject, – a state of sleeplessness, or condition of lethargy, – a trivial deviation from the usual mode of talking, such as suddenly pausing in the conversation, as if to regain a lost train of ideas, – a slight defect in the articulation, associated with a transposition of words, and inability to pronounce certain letters, *are all characteristic symptoms, frequently diagnostic of disease having commenced in the brain* (*Vide* the interesting case of the late King of Sweden, detailed in the chapter on 'The Morbid Phenomena of Attention') . . . The importance of detecting the earliest symptoms of approaching, or existing disease of the brain, cannot, in a practical point of view, be over-estimated or exaggerated.

Considering the peculiar and special functions of this organ, and the close sympathy established between the sensorium, and other organic tissues; appreciating how slight, minute, and infinitesimal a degree of structural change in the nerve vesicle paralyzes both body and mind, we can have no difficulty in estimating the value which should attach to the detection, at the earliest possible period, of the faintest scintillation of any actual disease existing in the delicate nervous organization . . .

If the mental and cerebral condition of those who have been represented to have died of organic disease of the brain, apparently in full possession of their intellectual, sensorial, and motorial powers, had been subjected to a close and rigid analysis, some degree of disorder, or impairment of these functions would, I believe, in many cases have been detected. We are too much disposed to form hasty generalizations in these cases, and to infer, that because the patient talks rationally for a time, on ordinary subjects, is under the influence of no appreciable illusion, hallucination, or aberration, that, therefore, the intellect is unclouded, and the brain in a perfectly sound and normal state. Such apparently healthy psychical, and cerebral manifestations, are quite consistent with the existence of encephalic disease, impairment, and even of actual latent, and concealed mental aberration. These conditions of the brain, and mind, would, I believe, be more frequently detected, if sufficient time were devoted to their analytical investigation, and, accurate, pathological, and psychical diagnostic tests, were scientifically employed by experts, practically acquainted with the art of examining the subtle phenomena of insanity.

THE PSYCHIATRIC INTERVIEW

It is a commonly accepted notion, that the delusive idea will immediately develop itself, provided its character be known, and special reference made to it by those engaged in testing the sanity of persons alleged to be of deranged mind. Nathaniel Lee, who acquired no inconsiderable degree of practical knowledge of the phenomena of insanity, during his long incarceration in Bethlem [1684–9], and prolonged association with the inmates of that hospital, appears to have been inoculated with this fallacy, for he says, in his description of the madness of Caesar Borgia,

> 'Like a poor lunatic that makes his moan,
> And for a while beguiles his lookers on,
> He reasons well. His eyes their wildness lose.
> He vows the keeper his wronged sense abuse;
> *But if you hit the cause that hurts his brain,*
> *Then his teeth gnash, he foams, he shakes his chain,*
> *His eyeballs roll, and he is mad again*'.

It requires no ordinary amount of tact and skill, as well as practical acquaintance with the subtle psychology of insanity, to fully qualify a person to examine and unravel successfully a complex case of lunacy. I have often found it necessary to pay two or three protracted visits to a patient, conversing with him on general subjects, before I have considered it prudent to make any reference to the alleged delusions. By this process the confidence of the patient is effectually secured, his suspicions disarmed, and the expert able gradually to direct the attention to the points upon which the mind is thought to be disordered. If the lunatic clearly perceives the object of the physician's visit, the drift of the questions addressed to him, and fully realizes the importance of concealing impressions that are represented to be creations of a diseased imagination, it will require much persevering ingenuity to extract from him anything like an admission of his actual state of insane mind.

Feigned insanity is often unmasked by placing the patient under the influence of chloroform. Might not the same anaesthetic agent be found serviceable in analyzing a case of cunningly concealed lunacy? There can be no doubt as to the effect of chloroform in giving, in a particular type of case, great temporary prominence to insane delusions. I have occasionally observed, that when it has been found necessary to administer this anaesthetic agent by inhalation to persons mentally deranged, its immediate effect has been to develop and drag from their hiding-place, hallucinations that were previously if not in a latent, but faintly and feebly manifested state.

CHEMICO-CEREBRAL-PATHOLOGY

In the present imperfect state of our knowledge of the intimate character and composition of nerve structure, admitted ignorance of the nature of the *vis nervosa*, as well as of the laws governing the operations of thought, as connected with and dependent upon recondite alterations in the vesicular neurine of the brain, it would be useless to speculate as to the cause of the psychical phenomena to which I am about to refer [the persistent and indestructible character of psychical impressions]. Much light may yet be thrown upon this important and intricate subject, as the result of a closer study of mental dynamics as well as of *chemico-cerebral* pathology. Morbid phenomena of mind, incomprehensible to the physiologist, and inscrutable to the pathologist, may be intimately dependent upon minute changes (out of the range of the microscope, and only to be detected in the laboratory), in the organic chemical constitution of brain matter affecting not only the *quantity*, *quality*, but distribution of the *nerve* and *psychical* force, not, in the existing state of our knowledge of physiological and dynamical science, susceptible of demonstration. A vast and unexplored region of scientific inquiry is open to the zealous, courageous, and enterprising philosopher, who investigates the subject of *chemico-cerebral-*

pathology. Much untrodden ground exists in association with this deeply interesting and hitherto neglected subject. Any attempt to unravel, by the aid of chemical science, psychical and nervous phenomena so abstruse, may prove, for a time, unproductive of any practical results, nevertheless, some advantage must accrue from these investigations.

THOMAS LAYCOCK (1812–1876)

MD Goettingen, FRCP Edin., FRS Edin., 'mental physiologist', lecturer on clinical medicine, York School of Medicine 1846, professor of the practice of medicine and lecturer on medical psychology, University of Edinburgh 1855–76; President of the Medico-Psychological Association 1869

Mind and brain: or, the correlations of consciousness and organisation; with their applications to philosophy, zoology, physiology, mental pathology, and the practice of medicine, 1860 *Edinburgh, Sutherland & Knox* 2 vols. Vol. 1, pp. 44-8; vol. 2, pp. 465-8, 480

Laycock the occupant of Cullen's famous chair, originator of the first course on 'Medical Psychology and Mental Diseases' at Edinburgh, teacher of Hughlings Jackson while still a lecturer at York, worked throughout his life on the problems of 'the reciprocal relations of Body and Mind' and to bring 'the phenomena of Life and Organisation . . . into the domain of Philosophy' and 'the phenomena of Thought . . . into the domain of Physiology'. He believed that a 'scientific Cerebral Psychology' built on systematic correlation and indeed 'union' of 'mental philosophy and cerebral physiology' grounded in the biological sciences by the comparative or evolutionary method would furnish an 'applied science of Mind' which as the basis of 'medical psychology' would not only lead to 'a more scientific art of Medicine' in general, but also help towards 'an explanation and elucidation of the nature and management of the various morbid states generalised as mental diseases' as a branch 'of Practical Medicine'. He therefore played an important part in introducing psychology and indeed neurology (which was formerly in the hands of anatomists, physiologists and indeed surgeons as Sir Charles Bell) into medicine from the inside as it were, and not from the outside as specialists in mental diseases were trying to do like Conolly and in the 1860s Maudsley. As the first extract shows, Laycock unlike many physicians who rightly pride themselves on being good 'body doctors', recognised the need for and value of the study of mind in its own right which even today is perhaps and contrary to popular notions still 'in a considerably more advanced state than the portion of physiology which corresponds with it'.

The second extract deals with Laycock's contribution to the discovery of the unconscious in the first half of the nineteenth century. This had come about as the natural culmination of two distinct lines of inquiry both of which had been foreshadowed by Cudworth in 1678 [see p.212] whom Laycock is known to have read as a student. The first was the metaphysical or psychological approach, the study of normal mind by introspection, analysis and the association of ideas exemplified by William Hamilton [see p. 851]; the other, the neurological commencing with Whytt [see p. 389] had demonstrated the autonomic nature of vital processes and the existence of reflex action without conscious awareness

or volition. (These were the modern scientific counterparts of the three 'souls' of ancient physiological theory: the rational, the vital or vegetative, and the animal or sensitive.) In 1832 Marshall Hall demonstrated by animal experiment the spinal reflex and elaborated the concept of the spinal cord as a chain of segments whose functional units were reflex arcs. This acted as a great stimulus to experimental neurology and led Laycock in 1844 to demonstrate on 'hysterical' patients that as he thought the cerebrum itself acted as a reflex centre (a theme he discussed also in *A treatise on the nervous diseases of women*, 1840 and in his translation of *The principles of physiology, by John Augustus Unzer; and a dissertation on the functions of the nervous system, by George Prochaska*, 1851). On this he built 'that great law of unconscious functional activity of the brain as the organ of consciousness – which [as he ever afterwards claimed] he was the first to demonstrate'. At about the same time William Benjamin Carpenter (1813–1885), the famous physiologist and brother of Mary Carpenter [see p. 995] in the fourth and fifth editions of his *Principles of human physiology*, 1852 and 1855, tentatively linked Laycock's doctrine of 'the reflex action of the brain' with the metaphysical doctrine of '*automatic* action of the Mind' into a unitary psychophysical theory of '*Unconscious Cerebration*' (a term introduced by the physician-phrenologist W. C. Engledue in 1842 who took that science to its logical conclusion and regarded consciousness as a by-product of a continuous process of cerebration much of which never reached the mind). Contention as to priority of 'discovery of the law of unconscious cerebral action' followed, an account of which and its amicable settlement Laycock appended to the book quoted here and part of which is given in the second extract. It shows that more than a hundred years ago the concept of unconscious mental activity or mentation even if only regarded as the effect of unceasing activity in the nervous system or cerebration, was an acceptable and indeed accepted part of psychological, neurological and medical thinking. As so often happens study of its history shows that the 'unconscious' had been in many peoples' minds for a very long time but that only when it was given a name did it achieve independent status as a subject of study in its own right, a process which the publicity of the dispute between Laycock and Carpenter furthered considerably. Forty years after Laycock, Freud who also came to psychiatry from neurology developed the concept of the unconscious mind and achieved a major breakthrough in the scientific understanding of mental processes, their development and function.

Unfortunately the grand attempt to combine metaphysics with neurophysiology, to link directly the vital functions with mental activity, and so bridge the gap between body and mind, did not lead to that unification Laycock intended of psychology and physiology as a basis for the scientific study of mental disease. Whether and to what extent this is possible only the future can show. The difficulty as Sherrington (1940) saw it was that 'Thoughts, feelings, and so on are not amenable to the energy (matter) concept' and 'Mind' therefore 'not open to quantitative measure . . . That in brief is the gap which parts psychiatry and physiology'.

CEREBRATION OR MENTATION

With all its defects, cerebral physiology has always been very attractive to a large class of thinkers. It has been clearly seen that the physiology of the

encephalic structures has plainly very numerous practical relations. Constituting collectively what may be termed the organ of mind, their healthy or morbid states, as such, manifestly influence all the most important affairs of man. The pathology and treatment of insanity; the connection between mental disorder and vice; the nature, training, and development of the mental powers; and, in short, the science of human nature in its most comprehensive meaning, can never be rightly understood until an accurate and comprehensive physiology of the encephalon is erected, and the relations of body and mind accurately set forth. These are some of the problems which *phrenology* professedly grapples with, as established by Gall and Spurzheim. Such, then, being the character and objects of cerebral physiology, it is clearly an obstacle to the right application of its truths to mental science to affirm, as a fundamental proposition, that the phenomena of life and thought, as manifested in the brain, are not connected otherwise than by a very remote analogy, for it is wholly at variance with the facts. It is admitted by all, that every change in the consciousness is coincident with some vital change in the encephalon, no matter what or where. Without such vital change, no mental phenomena whatever are manifested.

Nevertheless, it must be admitted, that such a proposition of the physiologist justifies that correlative fundamental doctrine of the philosopher which is, on the other hand, the source of all the errors and fallacies of philosophical research, – namely, that the phenomena of consciousness, as knowledge, are the sole, the exclusive objects of his labours. The philosopher, therefore, makes no pretence to a knowledge or use of physiology. 'The philosopher', observes Sir Wm. Hamilton, 'requires for his discoveries no preliminary preparations, no apparatus of instruments and materials. He has no new events to seek, as the historian; no new combinations to form, as the mathematician. The botanist, the zoologist, the mineralogist, can accumulate only by care, and trouble, and expense, an inadequate assortment of the objects necessary for their labours and observations. But that most important and interesting of all studies, of which man himself is the object, has no need of anything external; it is only necessary that the observer enter into his inner self, in order to find there all he stands in need of; or rather, it is only by doing this that he can hope to find anything at all. If he only effectively pursue the method of observation and analysis, he may even dispense with the study of philosophical systems. This is at best only useful as a mean towards a deeper and more varied study of himself'.

It is but justice, however, to a rapidly increasing school of modern philosophy, to state that these views are not held in their full extent by some of the best of modern thinkers. The intimate connection between mind and organisation, both as a fact of experience and in the relations of cause and effect, is recognised by several eminent writers, as Mr Spencer, Mr Morell, Mr Bain, and others. Perhaps Mr J. S. Mill presents the best

illustration of a transitional school of this kind, although, in discussing this question, he rather argues from our ignorance than as to our powers and possible methods of inquiry. 'That every mental state has a nervous state for its immediate antecedent and proximate cause, though extremely probable, cannot hitherto be said to be proved in the conclusive manner in which this can be proved of sensation; and even were it certain, yet every one must admit that we are wholly ignorant of the characteristics of these nervous states; we know not, and at present have no means of knowing, in what respect one of them differs from another; and our only mode of studying their successions or co-existences must be by observing the successions and co-existences of the mental states of which they are supposed to be the generators or causes. The successions, therefore, which obtain among mental phenomena, do not admit of being deduced from the physiological laws of our nervous organisation; and all real knowledge of them must continue for a long time at least, if not for ever, to be sought in the direct study, by observation and experiment, of the mental successions themselves. Since, therefore, the order of our mental phenomena must be studied in those phenomena, and not inferred from the laws of any phenomena more general, there is a distinct and separate science of mind. The relations, indeed, of that science to the science of physiology must never be overlooked or undervalued. *It must by no means be forgotten that the laws of mind may be derivative laws resulting from the laws of animal life, and their truth, therefore, may ultimately depend on physical conditions;* and the influence of physiological states or physiological changes, in altering or counteracting the mental successions, is one of the most important departments of psychological study'.

The suggestion which I have italicised merits more than a passing notice, for it contains the germ of a new method. But Mr Mill has evidently written under the doctrinal influence of the current physiological school, that the vital changes in the nervous system are the 'generators' or causes of the coincident mental states. This is a fundamental error in physiology, if the doctrine be taken in its absolute sense. The phenomena of life and consciousness are due to a common cause – an ordering law of design or adaptation to ends. In the present empirical and unphilosophical state of neurology and biology, thus fundamentally vitiated, I cordially concur with the opinion expressed by Mr J. S. Mill, to the effect that, to reject the resource of psychological analysis, and construct the theory of the mind solely on such data as physiology at present affords, is a great error in principle, and an even more serious one in practice. 'Imperfect as is the science of mind', Mr Mill observes, 'I do not scruple to affirm that it is in a considerably more advanced state than the portion of physiology which corresponds to it'.

EXAMINATION OF DR CARPENTER'S CLAIM OF PRIORITY AS TO THE DISCOVERY OF THE LAW OF UNCONSCIOUS CEREBRAL ACTION

In the fifth edition of his *Principles of Human Physiology* (1855), Dr Carpenter expounds the doctrine taught in this work of unconscious vital action of the brain, as the organ of thought. He shows that 'much of our highest mental activity is to be regarded as the expression of the *automatic* action of the cerebrum;' and that it 'may act upon impressions transmitted to it, and may elaborate results such as we might have attained by the purposive direction of our minds to the subject, *without any consciousness* on our parts' (p. 607). 'Looking,' he adds, 'at all those automatic operations by which results are evolved without any intentional direction of the mind to them, in the light of "reflex" actions of the cerebrum, there is no more difficulty in comprehending that such reflex actions may proceed without our knowledge, so as to evolve *intellectual products* when their results are transmitted to the sensorium and are thus impressed on our consciousness, than there is in understanding that impressions may excite muscular movements through the reflex power of the spinal cord, without the necessary intervention of Sensation.' He (Dr Carpenter) shows how his doctrine can be made to explain the etiology of the remarkable mental states induced by mesmeric, electro-biological, and similar processes, and how it elucidates the nature of delirium, somnambulism, insanity, and the like. He has designated this class of operations by the term 'unconscious cerebration' (p. 609); and for all these views he sets up a formal claim of priority in the preface to this fifth edition of his *Human Physiology*.

This general law of cerebral action is, if true, of such fundamental importance to mental science, that, if the claim thus set up be at all credible, Dr Laycock has done Dr Carpenter great injustice in not giving it the fullest recognition in this work. Unfortunately, the claim is wholly unfounded; for the law was discovered and applied by Dr Laycock to mental physiology and pathology more than twenty years ago, under the term 'reflex function of the brain,' and twelve years before Dr Carpenter knew anything of it whatever. 'Unconscious cerebration' is in fact only another phrase to designate reflex cerebral function . . .

The difference between Dr Carpenter and Dr Laycock as to principles is fundamental. The former believes, or believed, in the distinctness of 'mind' and 'vital principle;' his doctrines, therefore, are necessarily mechanico-vital; – the latter reduces mind and the vital principle to unity . . . Consequently . . . Dr Laycock thinks it advisable to indicate the origin and modes of development of his doctrines. In the year 1837, much interest was excited in London and elsewhere by the results of mesmeric manipulations upon two girls named O'Key, patients in University College Hospital. Various opinions were expressed by physiologists at that

time as to the nature of these mental 'mesmeric' phenomena. By the great majority they were looked upon as simply fraudulent; by a few they were thought to be manifestations of hysteria. Dr Laycock was at that time attached to the York County Hospital, and, after careful inquiry and experimental research, he came to the conclusion that they constituted a group of functional diseases of the encephalon, artificially induced; and that hysterical girls or women were the most susceptible of them. Desiring to solve the true nature of these states, he was led step by step to a special investigation of the phenomena of hysteria, and of the diseases of the nervous system of women generally, and which was conducted both clinically and systematically. The results of these inquiries were sent to the editor of the *Edinburgh Medical and Surgical Journal* in 1837 and 1838, and published in it in 1838, 1839 . . .

In these essays, Dr Laycock grouped together, as to cause, the phenomena of religious epidemics and 'revivals,' those of 'imitation,' those of mesmerism, and those resulting from various similar causes in different parts of the world. Thus the doctrines and its applications, of which Dr Carpenter claimed merit in 1855, were fully stated and developed by Dr Laycock in 1838.

Nor was this all. It had been observed how much of fraud and falsehood was mixed up with the mesmeric experiments; and as to this point, Dr Laycock demonstrated the influence of the generative glands in exciting impulsive and moral insanity, by developing the automatic action of the cerebrum . . . Further, Dr M. Hall was contending that the law of responsive and adapted action to external stimuli . . . was limited to the true spinal system, to the exclusion of all parts of the encephalon above the *tubercula quadrigemina*; but Dr Laycock, by demonstrating the morbific influence of colours in inducing spasmodic diseases and morbid appetites, showed that the cerebral nerves proper, or nerves of special sense, were also excitors . . .

To understand the difficulties he had to encounter in the investigation, regard must be had to the then incomplete condition of metaphysics as well as of neurology, and the entire want of any satisfactory explanation of the relations of the cerebral functions to Thought. No one has more strongly shown these than Dr Carpenter himself; for at the same moment that Dr Laycock was working out his views of the automatic action of the hemispheres, and its analogy in health and disease to the automatic action of the spinal cord and sympathetic ganglia, Dr Carpenter was engaged upon the first edition of his first work on Physiology. It was published in 1839, at the moment when Dr Laycock completed the first publication of his doctrines, and contained a statement of Dr Carpenter's entire ignorance of mental dynamics . . .

Dr Carpenter . . . therefore fully acknowledged, that not only the doctrine of cerebral unconscious (or reflex) action was due to Dr Laycock . . . but also its applications to insanity . . . &c.

For indeed it is one of the lessons of the history of science that each age steps on the shoulders of the ages which have gone before. The value of each age is not its own, but is in part, in large part, a debt to its forerunners. And this age of ours if, like its predecessors, it can boast of something of which it is proud, would, could it read the future doubtless find also much of which it would be ashamed.

SIR MICHAEL FOSTER
(*Lectures on the history of physiology*)

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